Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

PLEASE PRINT NEATLY

PERSONAL				
Name (first, middle, last)				
Address		City	State	Zip
Home Phone	Cell Phone	Were you previously employed by us?		Yes No
Position applying for	Date you can start	Do you have a High School Diploma or GED?		Yes No

POSITION INFORMATION		
Are you authorized to work in the U.S. on an unrestricted basis?	Yes	No
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:	Yes	No
Have you had any injuries that could limit your ability to perform the duties required for this job? (Ex: back, knee, shoulder, etc.)	Yes	No

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, college degrees, vocational or technical programs, and military training.

	School Name	Degree	City/State
School			
School			
Other			

SKILLS & CERTIFICATIONS List any special skills, training, or certifications that you feel would help you in the position you are applying for (forklift, OSHA trainings, leadership, etc.)

REFERENCES Please list three references, not related to you, with full name, address, phone and relationship.

Name	Address/City/State	Phone	Relationship

(Other side please)

WORK HISTORY Start with your present or most recent employment and work back.

Job Title #1	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your current employer? Yes No N/A

Job Title #2	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/yr)	End Date (mo/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrrepresentations may result in my dismissal. I authorize the Employer to make an investigastion of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date