

APPLICATION FOR EMPLOYMENT (AT WILL)

COMPANY _____

This company is an equal opportunity employer and will not discriminate against applicant on the basis of any characteristic that is protected by State or Federal law.

POSITION APPLIED FOR: _____ DATE: _____

DATE YOU CAN START: _____

NAME: _____

PRESENT ADDRESS: _____
Street City State Zip

PERM. ADDRESS: _____
Street City State Zip

TELEPHONE # Home: _____ CELL: _____

EMAIL ADDRESS: _____

ARE YOU 18 yrs OR OLDER? YES _____ NO _____

ARE THERE ANY DAYS OF THE WEEK YOU CANNOT WORK: YES/NO _____

IF SO, WHEN? _____

SALARY DESIRED? _____ TYPE OF EMPLOYMENT: Full time __ Part Time __

ARE YOU EMPLOYED NOW? YES/NO _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES/NO _____

HAVE YOU EVER APPLIED TO WORK FOR THIS COMPANY OR BEEN EMPLOYED BY THIS COMPANY BEFORE? YES/NO _____

IF YES, WHEN? _____ UNDER WHAT NAME: _____

HAVE YOU EVER BEEN EMPLOYED WITH THIS COMPANY? YES/NO _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES/NO _____

Employment History

List your last three (3) employers, assignments or volunteer activities starting with your most recent.

Start Date	Employer	Telephone
Job Title	Employer's Address	
Immediate Supervisor's Name & Title	Summarize the nature of work performed and job responsibilities	
Reason for leaving	Hourly Rate or Salary	
	Start \$ _____ per _____ End \$ _____ per _____	

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	Start \$ _____ per _____ End \$ _____ per _____	

MAY WE CONTACT THE EMPLOYERS LISTED? YES/NO _____

IF SO, WHICH ONES? _____

Education History

Education	Name & Location	No. of Years Attended	Did you Graduate?	Subject/Major
Elementary School				
High School				
College				
Special Training				

DO YOU HAVE U.S. MILITARY EXPERIENCE? YES/NO _____ DATE ENTERED: _____

BRANCH: _____ RANK: _____ DISCHARGED: _____ HONORABLY: _____

ARE YOU LAWFULLY ENTITLED TO BE EMPLOYED IN THE UNITED STATES? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCEPT A MINOR TRAFFIC VIOLATION?
 YES _____ NO _____

IF SO, PLEASE STATE CITATION, DATE, AND PLACE WHERE OFFENSE OCCURRED: _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

References: Three (3) individuals not related to you, whom you have known for at least one year.

Name	Address & Location	Relationship	Years Known

EMERGENCY CONTACT: _____

Please read this before signing your job application form.

I understand that the use of this application form does not imply that there are positions open and does not, in any way, obligate the company to employ job applicants. The company reserves the right to require any individual hired by them for any position to cooperate fully with any investigation into an offense against them and the individual may be required to take an examination as permitted by law. If a position of employment is offered, all new hires are subject to an introductory period of 90 days.

Initial in blanks

_____ I understand the company reserves the right to request any individuals who are offered positions of employment to take any necessary physical tests or examinations as are authorized by law and required by company policy and procedure. I understand the company may require a substance abuse screening examination. Any offer of employment is contingent upon successfully passing any tests and/or examinations.

_____ I certify that the facts contained in this application are true and complete to the best of my knowledge and acknowledgement that false statements on this application shall be grounds for rejection, discipline or dismissal.

_____ I authorize full investigation of all statements contained herein and any other information which may have a possible bearing on my employment including allowing you to contact all companies, schools, and persons named to give information regarding my employment, character and qualifications. I release all parties from any and all liability for any damage that may result from their furnishing such information to you.

_____ I understand and agree that, if hired, my employment is not for a definite period and may, regardless of circumstance, be terminated at any time without prior notice by the company. I further acknowledge that no contract or employment will be valid and binding against the company.

_____ I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test I will so inform the company prior to the test so that a reasonable accommodation can be made. The company reserves the right to require medical documentation regarding the need for accommodation.

By signing this application form, you are attesting that you have fully read, understood and agree to all of the above stated information.

Applicant Signature: _____

Date: _____

Pre-Employment Screening

Dear Applicant,

We appreciate your interest in our company. As part of our normal procedure for processing applicants, a routine inquiry into your background may be made. This inquiry may include a review of current employment, credit report, driving record, civil and criminal litigation searches and general reputation within the community. Please read the following statement and indicate your agreement by signing below.

I authorize all persons, business organizations, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord/management any and all information and will NOT hold any of these people liable or responsible for any damages or claims of any kind whatsoever arising from this investigation of my background.

MUST SIGN BELOW!

Signature

Date

Date of Birth

Drivers license number

State

Social Security Number

Current Address INCLUDING ZIP CODE

Former Address WITH ZIP CODE if the current address is temporary or resided in for less than 2 years

PLEASE PRINT THE NAME TO BE RESEARCHED BELOW:

Be sure that the above information covers 2 years, is readable, and includes zip codes. The credit report will not be processed unless all the information is provided and readable.

TO BE COMPLETED BY EMPLOYER

I witnessed the above listed individual(s) sign this agreement and personally reviewed a picture identification for the purpose of verifying the accuracy of this document.

Manager's Name

Telephone Number

Fax Number