

# Application for Employment



Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position applied for \_\_\_\_\_

Shift Preferred   1\_\_ 2\_\_ 3\_\_   Any\_\_

Expected Pay \_\_\_\_\_

Would you accept full-time work?   Yes\_\_   No\_\_

Would you accept part-time work?   Yes\_\_   No\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before   No\_\_   Yes\_\_   Dates \_\_\_\_\_

**Special Training or Skills:**

Languages, machine operation, etc. that would be of benefit in the job for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the United States?   Yes\_\_   No\_\_  
If yes, proof is required.

## For Office Use Only

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Attachments

- \_\_\_\_\_ Resume
- \_\_\_\_\_ Applicant Reference Check
- \_\_\_\_\_ Applicant Interview
- \_\_\_\_\_ Payroll Change Notice
- \_\_\_\_\_ Employee Data Card

# Employment Experience

Place a \* by the employer(s) you do not want us to contact. List your most recent employer first.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

3. Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

4. Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone( ) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

# Educational Background

## Grammar School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? \_\_\_yes \_\_\_no Degree or Diploma \_\_\_\_\_ Date \_\_\_\_\_

## High School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? \_\_\_yes \_\_\_no Degree or Diploma \_\_\_\_\_ Date \_\_\_\_\_

## College:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? \_\_\_yes \_\_\_no Degree or Diploma \_\_\_\_\_ Date \_\_\_\_\_

## Graduate School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? \_\_\_yes \_\_\_no Degree or Diploma \_\_\_\_\_ Date \_\_\_\_\_

## Vocational Training-Other:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Course of Study \_\_\_\_\_ Did you graduate? \_\_\_yes \_\_\_no Degree or Diploma \_\_\_\_\_ Date \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

