

# Application For Employment



It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies to Federal and State laws, prohibiting discrimination of race, color, religion, creed, national origin, disability, veteran status, age and any other prohibited characteristic.

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Position applied for \_\_\_\_\_ Shift preferred 1  2  3  Any

Special Training or Skills: (language, machine operation, etc.) that would benefit you in the job for which you are applying: \_\_\_\_\_

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 been employed here before? Yes  No  Dates \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes  (If yes, proof is required) No

Are you of legal age to work? Yes  No

## For Office Use Only

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

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Managed By \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Salary Rate \_\_\_\_\_

Special Benefits? \_\_\_\_\_

Skill \_\_\_\_\_

\_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Attachments:

- RESUME
- COPY OF DRIVERS LICNSE
- COPY OF S.S. CARD

# Educational Background

## Grammar School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or Diploma \_\_\_\_\_

## High School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or Diploma \_\_\_\_\_

## College:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or Diploma \_\_\_\_\_

## Graduate School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or Diploma \_\_\_\_\_

## Vocational or other Training:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or Diploma \_\_\_\_\_

Continuing Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Previous Employers & Addresses

Place an  by the employer (s) you do not want us to contact. List the most recent employer first.

1. **Company Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Contact Name** \_\_\_\_\_  
Month/Year Month/Year

**Address** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Position** \_\_\_\_\_ **Reason For Leaving** \_\_\_\_\_

2. **Company Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Contact Name** \_\_\_\_\_  
Month/Year Month/Year

**Address** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Position** \_\_\_\_\_ **Reason For Leaving** \_\_\_\_\_

3. **Company Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Contact Name** \_\_\_\_\_  
Month/Year Month/Year

**Address** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Position** \_\_\_\_\_ **Reason For Leaving** \_\_\_\_\_

4. **Company Name** \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Contact Name** \_\_\_\_\_  
Month/Year Month/Year

**Address** \_\_\_\_\_ **Employed From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Position** \_\_\_\_\_ **Reason For Leaving** \_\_\_\_\_

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT AND COMPLETE. I UNDERSTAND THAT, IF I BECOME EMPLOYED, A MISREPRESENTATION OR OMISSION OF FACT MAY RESULT IN MY DISCHARGE FROM EMPLOYMENT.

I AUTHORIZE THE COMPANY, AS PART OF ITS EVALUATION OF MY SUITABILITY FOR EMPLOYMENT, TO CONTACT ALL SCHOOL OFFICIALS, REFERENCED, AND MY PREVIOUS SUPERVISORS (UNLESS NOTED ABOVE) TO SECURE INFORMATION CONCERNING MY SKILLS, CHARACTER, AND ABILITY.

I FURTHER ACKNOWLEDGE AND AGREE THAT NO MANAGER OR REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT.

I UNDERSTAND AND AGREE THAT, IF I AM EMPLOYED, I WILL BE AN AT-WILL EMPLOYEE AND THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY OR NO REASON WITHOUT PRIOR NOTICE.

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

**INTERVIEWER:** If you have hired this individual \_\_\_\_\_ you need to fill out the blue box on the front in full. Please explain our payroll schedule with each individual, letting them know when they will receive their first paycheck and if they will be starting mid way thru a pay period. Also inform them that on their first day of work their manager will have paperwork for them to fill out.