

Please fill in all required fields below:

Sample Application

APPLICATION FOR EMPLOYMENT

Please fill out the application completely. In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. The Company is an equal opportunity employer. Qualified individuals are considered for employment without regard to race, color, religion, sex, national origin, age, marital or changes in marital status, veteran status, medical condition, disability or handicap. We appreciate your interest in employment opportunities with The Company. All personal information will be kept strictly confidential.

Please Print

PERSONAL DATA

Position Desired: _____ (required) Salary Required: _____ (required)

First Name: _____ (required) MI _____ (required) Last Name: _____ (required)

Social Security Number: _____ (required)

Address:

Street: _____ (required)

City: _____ (required) State: _____ Zip Code: _____ (required)

Previous Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____ (required) Alternate Phone: _____

Shifts Available to Work (required):

Full Time Part Time Temporary M - F Evenings Saturdays (AM)

Date you could start: _____ (required)

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes: No:

If hired, can you furnish proof of citizenship, permanent residency, or authorization to work? Yes: No:

Are you related to anyone presently employed by The Company? Yes: No:

If YES, to whom? _____

How were you referred? Employee (Name) _____ Internet Other (required)

Have you ever worked at any time in the past with this institution? Yes: No: (required)

If YES, when? _____

Do you have a valid State Driver's License? (if required for the position you are applying for) Yes: No: (required)

If YES, license number: _____

EDUCATIONAL HISTORY

Schools	Name of School/Address	Course of Study	Degree or Highest Grade Completed
High School <i>(required)</i>			
College or University			
Graduate School			
Business or Trade School			

List any other experience which you consider relevant to your ability to perform the job.

Co. Name: _____ Phone: _____ (Dates) From: _____ To: _____

Contact Person: _____

Co. Name: _____ Phone: _____ (Dates) From: _____ To: _____

Contact Person: _____

WORK HISTORY

Employer: _____ *(required)* Address _____ *(required)*

Date of Employment (Month, Year) From: _____ To: _____ *(required)*

Position: _____ *(required)* Beginning Salary: _____ *(required)* Ending Salary: _____ *(required)*

Telephone with Area Code: _____ *(required)* Type of Business: _____ *(required)*

Name and Title of Immediate Supervisor: _____ *(required)*

Describe Your Duties: _____ *(required)*

Reason for Leaving: _____ *(required)*

May we contact this employer? Yes No *(required)*

Employer: _____ Address _____

Date of Employment (Month, Year) From: _____ To: _____

Position: _____ Beginning Salary: _____ Ending Salary: _____

Telephone with Area Code: _____ Type of Business: _____

Name and Title of Immediate Supervisor: _____

Describe Your Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____ Address _____

Date of Employment (Month, Year) From: _____ To: _____

Position: _____ Beginning Salary: _____ Ending Salary: _____

Telephone with Area Code: _____ Type of Business: _____

Name and Title of Immediate Supervisor: _____

Describe Your Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

If you have ever used a different name for employment or educational purposes, please indicate name:

List any equipment or office machinery you can operate which pertains to the position you are applying for:

Please explain all the breaks in employment history:

Date: _____ Explanation: _____

Date: _____ Explanation: _____

Date: _____ Explanation: _____

Have you ever been convicted of a Felony?: Yes No (required)
Date Nature of Conviction

Applicant's Statement

I authorize an investigation and verification of my employment, education, criminal conviction and financial record. I authorize my employer and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other persons contacted by the company name to provide it with all records and information relevant to this employment application without any obligation to give me written notice thereof, and I release all such parties from all liabilities arising from such disclosures. I also waive any claims against the company name relating to such inquiries and disclosures and release the company, its directors, officers, employees and agents from any liability which might arise from such inquiries and disclosures.

I understand that the company will accommodate, to the extent required by law, employees with disabilities to allow access to its facilities and employment opportunities. I also understand that I have 182 days from this date, or the date I know or reasonably should know that such accommodation is needed, to file a written request for such accommodation.

I agree that this application will be considered for a period of one (1) year after this date, I understand and acknowledge that unless I am hired before the end of this one year period, this application will be null and void and any continuing interest in the company will require a new application.

I agree not to begin any action or suit, not expressly waived in this application, relating to my employment with the company more than six months after the date of termination of such employment and to waive any statute of limitations to the

contrary.

If employed, I agree that the company, at its sole discretion, may terminate my employment at its will for any reason or no reason (except for any reason which may be prohibited by applicable statute), with or without cause, at any time with or without advance notice or warning, and that the company's decision is not reviewable outside the company (except as may be provided by applicable law). I understand and agree that no employee, manager, executive, board member, or other representative of the company, other than the chief executive officer, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the chief executive officer will be effective. I understand and agree that no other oral or written statement, policy, or practice can change the at-will nature of my employment. If employed, I agree to abide by all rules and regulations of the company.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Authorization for Consumer Credit Report

In making this application for employment, I authorize The Company to conduct a consumer report. I understand that the consumer report will contain information including, but not limited to, my credit worthiness and creditstanding.

Applicant Signature _____ Date _____