

APPLICATION FOR EMPLOYMENT



Last Name	First Name	Middle	Date
Street Address			Home Phone ()
City, State, Zip			Mobile Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number
Apart from absences for religious observance, are you available for work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Desired Pay \$
PERSONAL	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for overtime if available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors and summary offences, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full:		When will you be available to begin work? _____
			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, with what employers? _____
Other special training or skills (languages, machine operation, training, etc.)			
Do you have Osha 10 or other safety certifications?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid drivers license with a clean driving record?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally able to operate a company vehicle for work purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have CDL or Other Drivers License Certifications?			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# of Years Completed	Did you Graduate?		Degree or Diploma?
					Yes?	No?	
	Graduate				<input type="checkbox"/>	<input type="checkbox"/>	
	College				<input type="checkbox"/>	<input type="checkbox"/>	
	Trade/Technical				<input type="checkbox"/>	<input type="checkbox"/>	
	High School				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer

1	Company Name	Telephone ()			
	Address	Employment Dates Month and Year From: To:			
	Name of Supervisor				
	Job Title and Describe Work Performed	Rate of Pay			
		Reason for Leaving			
	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Company Name	Telephone ()			
	Address	Employment Dates Month and Year From: To:			
	Name of Supervisor				
	Job Title and Describe Work Performed	Rate of Pay			
		Reason for Leaving			
	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3	Company Name	Telephone ()			
	Address	Employment Dates Month and Year From: To:			
	Name of Supervisor				
	Job Title and Describe Work Performed	Rate of Pay			
		Reason for Leaving			
	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Company Name	Telephone ()			
	Address	Employment Dates Month and Year From: To:			
	Name of Supervisor				
	Job Title and Describe Work Performed	Rate of Pay			
		Reason for Leaving			
	May we contact this employer for a reference?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

MILITARY	Did you/do you serve in the U.S. Armed Forces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describe any training received relevant to the position for which you are applying:					

ADDITIONAL INFORMATION
Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age, or national origin).

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete, or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer or the employer has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Applicant Signature

Date