

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

A Drug Free Workplace

PLEASE PRINT

Company: _____ Date: ____/____/____

Name: _____

Present Address: _____ Phone:(____) _____

Permanent/Prior Address for the past 3 years: _____

EMPLOYMENT DESIRED:

Position Applied For: _____ (Per attached Job Description)

Are you applying for Seasonal/Temporary work? _____ Full-Time Part-Time

Days and Hours you are available _____

Are you available to work: Evenings? Yes No Weekends? Yes No Overtime? Yes No

If hired, when can you report to work? ____/____/____ Salary Desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for this company? Yes No

If yes, when? _____

Do you have any friend(s) or relative(s) working for this company? Yes No

If yes, state name(s) and relationship: _____

Why are you applying for work at this company? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your legal right to live and work in this country? Yes No

Have you ever been convicted of a crime? Yes No (A conviction will not necessarily disqualify you)

If yes, state nature of crime, when and where convicted, and disposition of the case:

Have you taken any illegal drugs within the last 30 days? Yes No

Have you ever been forced to resign or discharged? Yes No

If yes, please explain: _____

Did you receive disciplinary action within the last 12 months of active employment? Yes No

If yes, please explain: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	Graduate?	Degree/Diploma
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Field:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write or understand any foreign language(s)? Yes No

If yes, which language(s)? _____

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for work at this company? Yes No

If yes, please explain: _____

Answer the following questions if you are applying for a DRIVING POSITION:

Are licensed/certified for the job applied for? Yes No Are you over 21? Yes No

Name of license certification: _____

Issuing State: _____ License/certification No: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer, the last 10 years is sufficient.

Name of Employer: _____ Telephone No: (____) _____

Address: _____

Type of Business: _____

Supervisor's Name _____ Title: _____

Position and Duties _____

Dates of Employment: ____/____/____ To ____/____/____ Pay: Begin: _____ End: _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: (____) _____

Address: _____

Type of Business: _____

Supervisor's Name _____ Title: _____

Position and Duties _____

Dates of Employment: ____/____/____ To ____/____/____ Pay: Begin: _____ End: _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: (____) _____

Address: _____

Type of Business: _____

Supervisor's Name _____ Title: _____

Position and Duties _____

Dates of Employment: ____/____/____ To ____/____/____ Pay: Begin: _____ End: _____

Reason for Leaving: _____

Name of Employer: _____ Telephone No: (____) _____

Address: _____

Type of Business: _____

Supervisor's Name _____ Title: _____

Position and Duties _____

Dates of Employment: ____/____/____ To ____/____/____ Pay: Begin: _____ End: _____

Reason for Leaving: _____

If further employment history is necessary to cover ten years, please use separate paper.

