

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: Permanent work Seasonal work and 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 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.

**IMPORTANT NOTICE:
APPLICANT MUST COMPLETELY ANSWER EACH QUESTION OR THIS APPLICATION WILL NOT BE
PROCESSED FURTHER**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, personally completed this application. I understand that any omission or misstatement of fact on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time lapsed before discovery. I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between the company and me. I understand that this application is not an offer of employment and no promises or representations of employment have been made to me at this time. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. If hired, I will be responsible for familiarizing myself with all rules, regulations, policies, procedures and regulations of the Company as they presently exist or are later modified.

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.

This company is a Drug Free Workplace and I understand that a Drug Test will be required. I also acknowledge receipt of the Job Description for which I am applying.

I have read, understand, and agree with the above.

Applicant's Printed Name

Applicant's Signature

____/____/_____
Date

Authorization/Release

I hereby authorize this company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

____/____/_____
Date