



APPLICATION FOR EMPLOYMENT

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address			
<i>Name (First, MI, Last)</i>			
<i>Mailing Address</i>			
<i>City, State, and Zip Code</i>			
<i>Telephone</i>	<i>Alternate Phone</i>		
<i>If under 18, please list age</i>	<i>Email</i>		
Job Type			
Days/hours available to work			
<i>I have no preference</i> <i>Mon.</i> _____ <i>Tues.</i> _____ <i>Wed.</i> _____ <i>Thurs.</i> _____ <i>Fri.</i> _____ <i>Sat.</i> _____ <i>Sun.</i> _____			
<i>I am seeking a: Full-time job</i> _____ <i>Part-time job</i> _____ <i>Position Applying for:</i> _____			
<i>How many hours can you work weekly?</i> _____ <i>Can you work nights?</i> _____ <i>Date available</i> _____			
Additional Information			
<i>Have you ever been employed by this organization in the past?</i> ___ Yes ___ No			
<i>I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States</i> ___ Yes ___ No			
<i>Do you have a current valid driver's license?</i> ___ Yes ___ No <i>Driver's license #</i> _____ <i>State</i> _____			
<i>Has your license ever been suspended or revoked?</i> ___ Yes ___ No			
<i>Do you have personal auto insurance?</i> ___ Yes ___ No			
<i>Please list all moving traffic violations in the last five (5) years:</i>			
Offense	Date	Location	Comments
_____	_____	_____	_____
_____	_____	_____	_____

Education				
School	Location (mailing address)	Years Completed	Did you Graduate?	Degree or Diploma
High School				
College or Business/Trade School				
Work Experience				
<i>Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.</i>				
Company		Name of last supervisor		
Address		Start Date: End Date		
City, State, and Zip Code		Starting Wage: Ending Wage:		
Phone Number		Your last job title		
Reason for leaving (be specific)				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company		Name of last supervisor		
Address		Start Date: End Date:		
City, State, and Zip Code		Starting Wage: Ending Wage:		
Phone Number		Your last job title		
Reason for leaving (be specific)				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

References				
List two professional references who are NOT relatives or friends.				
Name	Position	Company	Work Relation	Telephone
Name	Address	Telephone	Occupation	Years known

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant

Date

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESSED OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME. EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company of its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted be federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company’s intent to obtain “consumer reports.”

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature by the applicant’s parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that he Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant’s legal guardian.	
_____	_____
Parent/Legal Guardian	Witness
_____	_____
Date	Date