

# An Equal Opportunity Employer

All applicants will receive consideration for employment on the basis of their qualifications and without regard to unlawful consideration of their race, color, religion, sex, age, national origin, marital status, disability or any other legally protected basis. Reasonable accommodations are available to qualified disabled individuals upon request.

## APPLICATION FOR EMPLOYMENT

### INSTRUCTIONS

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary or Summer  employment?

When could you start to work? \_\_\_\_\_

### PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If hired, can you provide proof that you are a citizen or national of the United States,  
a lawful permanent resident or an alien authorized to work in the U.S.?

Yes

No

Social Security Number \_\_\_\_\_

### HEALTH

Can you perform the essential functions of the job for which you are applying, as described in the  
applicable job description provided with this application, with or without reasonable accommodation?

Yes

No

## GENERAL

Were you ever employed here? ..... Yes  No  If yes, when? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Have you ever applied here before? ..... Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony ..... Yes  No

Do not list (1) convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed or (2) convictions for which the record has been judicially ordered sealed, expunged or statutorily eradicated; or marijuana convictions more than two years old.

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. FACTORS SUCH AS AGE AT THE TIME OF THE OFFENSE, TYPE OF OFFENSE AND RELEVANCE TO THE JOB FOR WHICH YOU ARE APPLYING, SERIOUSNESS AND NATURE OF THE OFFENSE AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.)

What was the offense? \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Place of conviction: \_\_\_\_\_

**Of what job-related clubs, organizations, civic or other groups have you been a member in the last five years? (Include offices held.) You may, if you wish, exclude any labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry or any other legally protected status of its members.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Driving Jobs Only: Do you have a valid drivers license? ..... Yes  No

Drivers License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your drivers license suspended or revoked in the last 3 years? Yes  No

## EDUCATION

Name, Address and Location of School	Highest Grade Completed	Did You Graduate?	
High School: _____ (or date GED completed) _____			
College or University: _____ College Major: _____ Degree: _____			
College or University: _____ College Major: _____ Degree: _____			
<b>Additional Educational and/or Vocational or Technical Training Information:</b>	<b>Courses Taken</b>	<b>Did You Complete?</b>	
School: _____			
School: _____			
School: _____			

## WORK HISTORY

List your paid or unpaid work experience in consecutive order with present or last employer/company listed first. Account for **all** periods of time including military service and any period of unemployment. If Self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR.**

Name of <b>Most Recent</b> Employer/Company Address City, State, Zip Code  Telephone _____	Name of Last Supervisor	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$
Title  Duties	Reason for Leaving		
Name of <b>Most Recent</b> Employer/Company Address City, State, Zip Code  Telephone _____	Name of Last Supervisor	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$
Title  Duties	Reason for Leaving		
Name of <b>Most Recent</b> Employer/Company Address City, State, Zip Code  Telephone _____	Name of Last Supervisor	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$
Title  Duties	Reason for Leaving		
Name of <b>Most Recent</b> Employer/Company Address City, State, Zip Code  Telephone _____	Name of Last Supervisor	Employed From (mo/yr) To (mo/yr)	Pay Start \$ Final \$
Title  Duties	Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your work record? ..... Yes  No

If yes, please provide name(s) \_\_\_\_\_

Are you presently employed? ..... Yes  No

If yes, may we contact your present employer? ..... Yes  No

Have you ever been fired from a job or asked to resign? ..... Yes  No

If yes, please explain \_\_\_\_\_

### SPECIAL SKILLS

Answer if pertinent to the job for which you are applying:  
If you are an experienced operator of any business machines or equipment, please list:

If you are an experienced operator of any plant machines or equipment, please list:

10-Key Calculator by touch? ..... Yes  No

Do you type? ..... Yes  No  Words per minute \_\_\_\_\_

Do you take shorthand? ..... Yes  No  Words per minute \_\_\_\_\_

Do you have any other skills you wish to mention pertinent to the position applied for? \_\_\_\_\_

### REFERENCES

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

### AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false statements, misrepresentations or deliberate omissions of fact provided in this application or during any interviews will disqualify me from employment or may result in my dismissal from employment. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons or their agents named above to give to the company or its agents, any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. If I am hired, in consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment, compensation and benefits can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. In addition, my position will be subject to modification, and I may be disciplined, at the company's discretion. I understand that no employee or representative of the company other than the president of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the company may not alter the at-will nature of the employment relationship unless he expresses a clear intent to do so in a specific written agreement signed both by me and the president. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.A.

Finally, I understand that if I am hired, upon termination of employment, that all company property must be returned and any indebtedness to the company must be repaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPANY USE ONLY

Do Not Write Below This Line

Interviewed by \_\_\_\_\_ Department \_\_\_\_\_

Disposition \_\_\_\_\_ Clock No. \_\_\_\_\_

Job Classification \_\_\_\_\_

Date Employed \_\_\_\_\_

Starting Rate \_\_\_\_\_ per \_\_\_\_\_

Application information checked by: Name \_\_\_\_\_ Date \_\_\_\_\_