



# APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_  
No. Street City State Zip

Previous address \_\_\_\_\_  
No. Street City State Zip

Telephone Number(\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Do you have a legal right to be employed in the United States?  Yes (proof required)  No

Are you over the age of 18?  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

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

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was you last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been convicted, pleaded no contest to, had adjudication withheld on a crime, or entered a pretrial intervention program?

Yes  No

If yes, explain fully below or on a separate sheet of paper. Answering yes to this question will not automatically prevent you from becoming employed.

Have you ever been a defendant in a civil court action for an intentional tort? (i.e., a civil wrong; assault, battery, fraud, etc.)

Yes  No

If yes, describe the nature of the civil action and the outcome. Answering yes to this question will not automatically prevent you from becoming employed.

Are you able to perform the essential functions of the job for which you have applied, either with or without an accommodation?

Yes  No

**LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT**

**1**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION HELD</b>		
ADDRESS, CITY, STATE, ZIP		FROM	TO			
PHONE NO. ( )		<b>DUTIES/RESPONSIBILITIES</b>				
TYPE OF BUSINESS						
NAME OF SUPERVISOR		<b>REASON FOR LEAVING</b>				
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

**2**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION HELD</b>		
ADDRESS, CITY, STATE, ZIP		FROM	TO			
PHONE NO. ( )		<b>DUTIES/RESPONSIBILITIES</b>				
TYPE OF BUSINESS						
NAME OF SUPERVISOR		<b>REASON FOR LEAVING</b>				
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

**3**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION HELD</b>		
ADDRESS, CITY, STATE, ZIP		FROM	TO			
PHONE NO. ( )		<b>DUTIES/RESPONSIBILITIES</b>				
TYPE OF BUSINESS						
NAME OF SUPERVISOR		<b>REASON FOR LEAVING</b>				
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

**4**

<b>COMPANY NAME</b>		<b>DATES WORKED</b>		<b>POSITION HELD</b>		
ADDRESS, CITY, STATE, ZIP		FROM	TO			
PHONE NO. ( )		<b>DUTIES/RESPONSIBILITIES</b>				
TYPE OF BUSINESS						
NAME OF SUPERVISOR		<b>REASON FOR LEAVING</b>				
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	ENDING/CURRENT \$	per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$	WORK HOURS:

## EDUCATIONAL BACKGROUND

Type of School	Name & City	Did You Graduate?	Course of Major
College			
Technical School			
High School			
Other			

## WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY			
WORK ADDRESS	CITY	STATE	HOME PHONE
			WORK PHONE

## SPECIAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_\_)
  Data Entry
  10-Key Calculator

Software Packages: \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Database: \_\_\_\_\_

Manufacturing Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a Position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purposed of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date

### HR USE ONLY

Applicant No.	_____
Employee No.	_____
Company No.	_____
Location	_____
Date Employed	_____

## Voluntary Self-Identification Questionnaire

The Company is an equal employment opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, disability, marital or veteran status. Certain laws and regulations regarding equal employment opportunity and affirmative action require us to compile annual statistical reports on applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this Voluntary Self-Identification Form.

The information on this form is being requested and will be used solely for equal employment opportunity/affirmative action record-keeping and reporting purposes. Submission of this form by you is completely voluntary. You will not be subject to any adverse treatment if you do not provide the information requested. If you do provide the information requested, the information and this form will be processed and maintained separately from your employment application forms and, if you are hired by the Company, your personnel file.

<b>Name:</b> _____	<b>Date:</b> ____ / ____ / ____
Please print clearly	
<b>Position applied for:</b> _____	

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran <b>**Other</b> <input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify Signature _____		
<b>How did you hear of our opening?</b>		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below: _____		
<b>For Human Resources Use Only:</b>	<b>Requisition #</b>	<b>Job Group</b>