[EMPLOYER) LOGO HERE.

**APPLICATION FOR EMPLOYMENT**

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

[EMPLOYER NAME) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability,

veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on (EMPLOYER NAME). Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Your application will be active for [30/60190] days. If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

Upon employment, employees of [EMPLOYER NAME) may be required to have their picture taken or to provide [EMPLOYER NAME] with a picture of themselves.

GENERAL INFORMATION

Full Name Date

FIRST MIDDLE LAST

Address

STREET CITY STATE ZIP CODE

Contact Number ( ) Date available for work

Alternate Contact Number ( )\_\_\_\_\_\_\_\_\_ E-mail (optional)

Are you legally authorized to work in the United States? [ ] Yes [ ] No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-IB)? [ ] Yes [ ]No

(If hired, verification will be required consistent with federal law.)

Are you at least 18 years old? [ ] Yes [ ] No (If no, you may be required to provide authorization to work.)

How were you referred to [EMPLOYER NAME]?

AN EQUAL OPPORTUNITY EMPLOYER

**POSITION INFORMATION**

Type of work desired? Salary range expected (required)

Applying for: **[ ]** Full-time **[ ]** Part-time **[ ]** Seasonal

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of School | School Name and Location | Highest Grade Completed | Grade Point  Average | Course of Study or Major |
| High School or G.E.D. equivalent |  | 9 10 11 12 GED |  |  |
| College or University |  | 1 2 3 4 |  |  |
| Vocational or Trade School |  |  |  |  |
| Graduate School |  |  |  |  |
| Other (including military training) |  |  |  |  |
| List any work related certifications or licenses you currently possess. | | | | |

**BACKGROUND INFORMATION**

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

❑ Yes ❑ No If yes, please explain.

For the purpose of verifying information on this application, have you ever worked or attended school under a different name

at any of the organizations you have listed? ❑ Yes ❑No If yes, specify name.

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

Name Telephone No. (\_.)

E-mail Address Type of Acquaintance

Name Telephone No. ( )

E-mail Address Type of Acquaintance

Name Telephone No. (\_1

E-mail Address Type of Acquaintance

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD

List all employment experience for the past seven years. staring with the most recent or present employer, including US Military Service. Using a separate section for each position. describe in detail all work experience. including periods of unemployment. You may include as partof your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

|  |  |  |
| --- | --- | --- |
| Current Employer | Phone ( ) |  |
| Geographic Location | From |  |
| Your Position | Month  To | Year |
| Supervisor's Name/Title |
| May we contact? ❑ Yes ❑ No If not, why? | Month  Reason for Leaving | Year |
| Primary responsibilities |
|  |  |  |
|  |  |  |
| Employer | Phone ( )  ) |  |
| Geographic Location | From |  |
| Your Position | Month  To | Year |
| Supervisor's Name/Title |
| Primary responsibilities | Month  Reason for Leaving | Year |
|  |  |  |
|  |  |  |
| Employer | Phone (\_\_) |  |
| Geographic Location | **From** |  |
| Your Position | Month  To | Year |
| Supervisor's Name/Title |
| Primary responsibilities | Month  Reason for Leaving | Year |
|  |  |  |
|  |  |  |
| Employer | Phone (\_\_) |  |
| Geographic Location | From |  |
| Your Position | Month  To | Year |
| Supervisor's Name/Title |
| Primary responsibilities | Month  Reason for Leaving | Year |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you worked for this company before?   * Yes ❑ No If yes. at what location? |  | Job title: |  |
|  |  |  |

(Relatives of current employees of [EMPLOYER NAME] [will not be hired if they would be working for, or directly supervising, a current employee/cannot work together in the same department [or on the same team] as a current employee]. If you receive a conditional offer of employment, you may be asked to identify any relative who is a current employee of [EMPLOYER NAME]. For purposes of this policy. "relative" is defined as any person who is related by blood or marriage. or whose relationship with the employee is similar to that of people who are related by blood or marriage.]

[Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar agreement with any prior

employer? [ ] Yes [ ] No If yes. explain:

Please explain any gaps of employment.

AN EQUAL OPPORTUNITY EMPLOYER

**ADDITIONAL COMMENTS**

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors. activities, special projects or any

other information that will assist us in considering your application for employment.

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should he considered applicable to my candidacy for employment.

Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test alter receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with [EMPLOYER NAME).

Initials

I understand, when permissible under applicable state and local law, I may be subject to a preemployment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with [EMPLOYER NAME).

Initials

I understand, where permissible under applicable state and local law. **I** may be subject to a preemployment background cheek after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background cheek.

Initials

I hereby certify that the information given by me is true in all respects. I authorize [EMPLOYER NAME) and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

Initials

**I** understand employment with [EMPLOYER NAME) is also contingent on my providing sufficient documentation necessary to establish

my identity and eligibility to work in the United States.

\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials

I hereby certify that, if employed, my employment with (EMPLOYER NAME) will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.

\_\_\_\_ Initials

I hereby certify that, if employed, my employment with [EMPLOYER NAME) will not violate any non-solicitation, non-competition or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any

Initials

I hereby certify that, if employed. I will report to my supervisor, a representative Human Resourcesor other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee.

\_\_\_\_\_\_\_ Initials

**AN EQUAL OPPORTUNITY EMPLOYER**

AN EQUAL OPPORTUNITY EMPLOYER

I expressly understand and agree that, if employed, my employment. having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party, (EMPLOYER NAME or me) without prior notice to the other, unless otherwise prohibited by law.

Initials

I understand that no representation, whether oral or written, by any representative or agent of (EMPLOVER NAME), at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of [EMPLOYER NAME) has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

Initials

[STATE-SPECIFIC LIE DETECTOR LAW DISCLOSURES IF RELEVANT AND OTHER RELEVANT REQUIRED DISCLOSURES]

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify you from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with (EMPLOYER NAME]s requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature Date