

# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

DATE:

LAST NAME		FIRST NAME:		MIDDLE NAME:		SOCIAL SECURITY #:	
STREET ADDRESS:			CITY:		STATE:		ZIP:
TELEPHONE:			DATE OF BIRTH: (Required only if applying for a <b>CDL position</b> )				
DRIVER LICENSE #:	STATE:	EXPIRES:	CDL LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS:		
POSITION APPLIED FOR:				HOW DID YOU HEAR OF THIS OPENING?:			
WHEN CAN YOU START?:	DESIRED WAGE: \$	ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? (You may be required to provide documentation): <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU LOOKING FOR FULL-TIME EMPLOYMENT?:				IF NO, WHAT HOURS ARE YOU AVAILABLE?			
<b>REFERENCES:</b> Please list the names of three persons not related to you.							
NAME:			TELEPHONE:		YEARS ACQUAINTED:		
NAME:			TELEPHONE:		YEARS ACQUAINTED:		
NAME:			TELEPHONE:		YEARS ACQUAINTED:		
IN CASE OF EMERGENCY NOTIFY: NAME:					TELEPHONE:		
<b>EDUCATION</b>							
SCHOOL NAME AND LOCATION				YEAR	MAJOR	DEGREE	
HIGH SCHOOL							
COLLEGE							
COLLEGE							
POST-COLLEGE							
OTHER TRAINING							
IN ADDITION TO YOUR WORK HISTORY, ARE THERE OTHER SKILLS, QUALIFICATIONS, OR EXPERIENCE THAT WE SHOULD CONSIDER?							

**EMPLOYMENT HISTORY – START WITH MOST RECENT EMPLOYER**

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

MAY WE CONTACT?

 YES  NO

RESPONSIBILITIES:

REASON FOR LEAVING:

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

MAY WE CONTACT?

 YES  NO

RESPONSIBILITIES:

REASON FOR LEAVING:

COMPANY NAME

ADDRESS

TELEPHONE

DATE STARTED

STARTING WAGE

STARTING POSITION

DATE ENDED

ENDING WAGE

ENDING POSITION

NAME OF SUPERVISOR

MAY WE CONTACT?

 YES  NO

RESPONSIBILITIES:		
REASON FOR LEAVING:		
COMPANY NAME		
ADDRESS		TELEPHONE
DATE STARTED	STARTING WAGE	STARTING POSITION
DATE ENDED	ENDING WAGE	ENDING POSITION
NAME OF SUPERVISOR		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESPONSIBILITIES:		
REASON FOR LEAVING:		
ATTACH ADDITIONAL INFORMATION IF NECESSARY.		

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that I will be required to pass a physical exam before starting to work.

I authorize this company to conduct background checks including motor vehicle reports, criminal checks, and worker compensation claims.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

SIGNATURE

DATE