

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer.

PERSONAL INFORMATION			DATE	
FULL LEGAL NAME (as it appears on your social security card)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP	
PERMANENT ADDRESS (if different)	CITY	STATE	ZIP	
PERSONAL PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DO YOU WANT: <input type="checkbox"/> Regular full-time work <input type="checkbox"/> Regular part-time work: Hours _____ to _____ <input type="checkbox"/> Temporary work: From (dates) _____ to _____		
IF HIRED: Can you present evidence of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Ad for job opening <input type="checkbox"/> Walk in <input type="checkbox"/> Friend/Family (Name) _____ <input type="checkbox"/> Employment agency <input type="checkbox"/> Unemployment Office <input type="checkbox"/> Employee (Name) _____		

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? (If no, describe the functions that cannot be performed.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE / UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL / BUSINESS			<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No	

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING WAGE \$ _____ PER	FINAL WAGE \$ _____ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			
NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	STARTING WAGE \$ _____ PER	FINAL WAGE \$ _____ PER	
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SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY
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CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).
Convictions for marijuana-related offenses that are more than 2 years old need not be listed. Convictions will not necessarily disqualify an applicant for employment.

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS

OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS