APPLICATION FOR EMPLOYMENT

Date of Application: / /

PERSONAL INFORMATION

Last Name	First Name		Middle Initial
Address	City	State	Zip
Phone		Email	

EMPLOYMENT DESIRED

Position Applying For	Date Available	Desired Salary
Are you legally eligible to work in the U.S.? ☐ YES ☐ NO	If you are under 18, can you provide a work permit if required? ☐ YES ☐ NO	
Employment Desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal		
Have you ever worked for this company? ☐ YES ☐ NO If yes, give dates and positions:		

EMPLOYMENT HISTORY

Employer (most recent)	From To	Job Title	Immediate Supervisor
Address		Phone	Email
Responsibilities	Reason for Leaving		May we contact for reference? ☐ Yes ☐ No ☐Later
Employer	From To	Job Title	Immediate Supervisor
Address		Phone	Email
Responsibilities	Reason for Leaving		May we contact for reference? ☐ Yes ☐ No ☐Later
Employer	From To	Job Title	Immediate Supervisor
Address		Phone	Email
Responsibilities	Reason for Leaving		May we contact for reference? ☐ Yes ☐ No ☐Later

EDUCATION

Name and Location	Number of Years Completed	Did you graduate?	Course of Study
High School		☐ YES ☐ NO	
Trade School		☐ YES ☐ NO	
College		☐ YES ☐ NO	
Other		☐ YES ☐ NO	

The Company is an Equal Opportunity Employer. We comply with all applicable state and federal laws. We do not discriminate in hiring or employment practices on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, ancestry, age, disability, military status, genetic information, or any other legally protected status.

SKILLS AND QUALIFICATIONS

List any training, skills, licenses, or certifications relevant to the position.

_____

_____

REFERENCES

Name	Relationship	Phone	Number of Years Known

Please Write your Availability in the table Below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available to Work							

Comments: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I certify that all statements made by me on this application, and on any resume or supplement provided, are true, complete, and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information may result in the rejection of my application or, if I am hired, immediate termination of employment.

I authorize the Company and its representatives, employees, and agents to contact and obtain information from my references, current or former employers, educational institutions, licensing authorities, public agencies, and other sources as necessary to verify the information I have provided and to evaluate my qualifications for employment. I authorize those individuals and organizations to provide such information to the Company and release them from liability for providing information in response to the Company's inquiries, to the extent permitted by law.

I understand that the Company is an equal opportunity employer and does not unlawfully discriminate in employment. I further understand that no question on this application is intended to limit or discourage any applicant from consideration for employment on any basis prohibited by applicable federal, state, or local law.

I understand that this application will remain active for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand and agree that, if hired, my employment is at-will. This means that my employment is for no definite period and may be terminated by either myself or the Company at any time, with or without cause, and with or without prior notice. No supervisor, manager, or other representative of the Company has the authority to enter into an agreement for employment for a specified period or to modify the at-will employment relationship, except in a written agreement signed by a President of the Company.

I understand that, if hired, I may be required to submit to drug and/or alcohol testing as a condition of employment, in accordance with Company policy and applicable law. I understand that refusal to submit to a required test or a test result that does not meet Company requirements may affect my eligibility for employment or continued employment.

I understand that, if hired, I will be required to provide documentation establishing my identity and authorization to work in the United States and to complete the required Form I-9 in accordance with federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____