

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, veteran status, disability, or any other basis prohibited by the law. We are an Equal Opportunity Employer. Please answer all questions.

Personal Background		
Name:	_____	_____
	(Last)	(First)
		(MI)
Address:	_____	_____
	(Street Address)	(Apartment/Unit #)
	_____	_____
	(City)	(State)
		(ZIP Code)
Home Phone:	_____	Cell Phone: _____
Personal E-mail:	_____	

Employment Desired		
Position applied for:	_____	Date Available: _____
		Salary Desired \$: _____
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over the age of 18?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently bound by any employment agreement or non-compete agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If employment is offered, do you intend to have any secondary employment or self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States without restriction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>(Proof of identity and employment eligibility will be required upon hire.)</i>	
Can you and are you willing to travel if your job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If required, would you be willing to work <i>(please check one box in each category)</i>		
Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Saturdays/Sundays <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the days or nights you are not available to work, if any	_____	
Have you ever applied to this company or any of its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	_____	Which affiliate(s)? _____
Have you ever been employed by this company of any of its affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	_____	Which affiliate(s)? _____

Referral Source		
How did you learn about our organization?	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Agency, Please list agency: _____

Advertisement Employee referral, please list names: _____
 Friend Other, please specify: _____
 Do you have any relatives employed by this company? Yes No
 If yes, who and what location? _____

Driving Record

If you are applying for a position that involves driving on the job, please answer the following questions:

Do you have a valid unexpired license to drive a vehicle? Yes No

Do you have auto insurance coverage? Yes No

Has your license been revoked or suspended during the last five (5) years? Yes No

If yes, please explain: _____

Education

Indicate the highest level of education completed:

High School: 9 10 11 12

College/University: 1 2 3 4

Technical/Trade: 1 2 Other _____

Graduate School: 1 2 3

School/College Name: _____

Location (City/State): _____ Course Study: _____

Years Completed: _____ Graduated: Yes No Degree: _____

School/College Name: _____

Location (City/State): _____ Course Study: _____

Years Completed: _____ Graduated: Yes No Degree: _____

School/College Name: _____

Location (City/State): _____ Course Study: _____

Years Completed: _____ Graduated: Yes No Degree: _____

List additional education, vocation, trade, and/or professional information and/or certification and/or licenses:

Computer Skills (list software): _____

Other machines, trades, special skills or qualifications: _____

Employment History

Listing the most recent position first, provide all of the following information regarding your previous employment. Incomplete information could disqualify you from further consideration. *Attach your resume to this application.*

Company: _____ Phone: _____
Type of Business: _____ Address: _____ State: _____
Job Title: _____
From (MM/YY): _____ To (MM/YY): _____ Supervisor: _____
Reasons for leaving: _____ May we contact?: Yes No
Responsibilities, duties, and accomplishments:

Company: _____ Phone: _____
Type of Business: _____ Address: _____ State: _____
Job Title: _____
From (MM/YY): _____ To (MM/YY): _____ Supervisor: _____
Reasons for leaving: _____ May we contact?: Yes No
Responsibilities, duties, and accomplishments:

Company: _____ Phone: _____
Type of Business: _____ Address: _____ State: _____
Job Title: _____
From (MM/YY): _____ To (MM/YY): _____ Supervisor: _____
Reasons for leaving: _____ May we contact?: Yes No
Responsibilities, duties, and accomplishments:

Company: _____ Phone: _____
Type of Business: _____ Address: _____ State: _____
Job Title: _____
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Reasons for leaving: _____ May we contact?: Yes No
Responsibilities, duties, and accomplishments:

Company: _____ Phone: _____
Type of Business: _____ Address: _____ State: _____
Job Title: _____
From (MM/YY): _____ To (MM/YY): _____ Supervisor: _____
Reasons for leaving: _____ May we contact?: Yes No
Responsibilities, duties, and accomplishments:

References

Please list three professional references that are not related to you.

Name: _____

Business Title: _____

Phone: _____

Relationship: _____

Name: _____

Business Title: _____

Phone: _____

Relationship: _____

Name: _____

Business Title: _____

Phone: _____

Relationship: _____

Previous Residences

List the city, country, and state of all your previous residences in the last seven years (use additional sheet if necessary).

City	County	State	From (MM/YY)	To (MM/YY)

Illegal Use of Drugs

Do you currently engage in the illegal use of drugs (marijuana, cocaine, heroin, crack, speed, LSD, or use of prescription drugs written for someone else, etc.)? Yes No

Are you willing to be tested for illegal drugs? Yes No

Certification and Acknowledgement

Please read carefully before signing.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time with or without any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

I understand that the Employer may decide to conduct background checks and drug screenings as part of the pre-employment process. I understand that I must comply with applicable policies in order to be employed by the company.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

Signature: _____ Date: _____

FOR EMPLOYER USE ONLY – Complete only after an interview has been scheduled or a contingent offer has been made.

Social Security #: _____ Birth Date: _____

Position: _____ Client/Location: _____

Rate: _____ EEO-1 Code: _____

Interview Date: _____ Contingent Offer Date: _____

Hiring Manager: _____ Start Date: _____

NOTES: