

Application for Employment



Our Company is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, sexual orientation, gender identity, pregnancy (current, past, or potential), national origin, union membership, age, protected veteran or military status, disability, genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Employee Information

Full Name: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Other Names Used: _____

Previous Address: _____

Previous Address: _____

Position(s) applied for: _____

Have you filed an application here before? Yes No If yes, give date: _____

Have you been employed here before? Yes No If yes, give date: _____

Are any of your relatives presently employed with the Company? Yes No If yes, please provide names of relatives, their positions, and departments.

Are you employed now? Yes No Date available for work: _____

Wage expected: _____ per Hour Month Year

Are you available to work? Full time Part time Shift work Temporary

Are you fluent in any foreign language (if job related)? If yes, please list. _____

Are you over the age of 18? Yes No

Have you ever been convicted of a felony or misdemeanor that has not been annulled, expunged, or sealed by a Court? Yes No If yes, please explain and state the county and state of your conviction.

EDUCATION

	High School	College/University	Graduate/Professional
School Name:			
Diploma/Degree:			
Honors Received:			
Describe Course of Study:			

EMPLOYMENT EXPERIENCE

List all your work experience, including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Starting Salary: _____ Ending Salary: _____

Other Compensation (Bonus, commission, incentive pay) _____

Reason for Leaving: _____

Work Performed: _____

May we contact this employer? Yes No If no, why not? _____

SKILLS/TRAINING

Please summarize your job-related skills or specialized training:

List job related professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List job-related special accomplishments, publications, and awards. (Exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

List any additional information you would like us to consider.

REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Company	Job Title	Work Phone	Other Phone

ACKNOWLEDGEMENTS AND CONSENT

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize the Company to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, criminal convictions, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals or companies for any damages arising from furnishing the requested information to the Company. I also release the Company and those Company employees performing these checks from all liability that might result from checking such references and obtaining such information. **Note:** Background checks, including driving record, credit, and criminal convictions, will only be performed when job related and consistent with business necessity. Criminal convictions do not automatically disqualify applicants from consideration.

Application Status. I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

Claims. I understand and agree that if I file a claim or suit arising out of my employment, or termination of my employment with Company, I must file the claim or suit within the time period provided by statute or within 180 days of the event giving rise to the claim, whichever is shorter/earlier or I will be barred from bringing the same, and I agree to waive any limitations period that is greater than 180 days.

AT-WILL EMPLOYMENT. I UNDERSTAND THAT IF I AM HIRED, MY EMPLOYMENT AT THE COMPANY IS "AT-WILL" AND MAY BE TERMINATED BY ME OR BY THE COMPANY AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR PRIOR NOTICE. I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY THE COMPANY AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO COMPANY REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.

EMPLOYMENT-AT-WILL DOES NOT IMPACT MY RIGHT TO NEGOTIATE SINGLY OR IN A GROUP AND PARTICIPATE IN CONCERTED ACTIVITIES REGARDING THE TERMS AND CONDITIONS OF EMPLOYMENT UNDER THE NATIONAL LABOR RELATIONS ACT.

Signature: _____ Date: _____

Consumer Report Notification and Authorization



The Company has determined that information contained in your consumer report may be relevant in making an employment decision such as hiring, promotion, reassignment, or retention. Therefore, the Company may obtain a consumer report about you. If obtained, the report will be used for employment purposes only and will not be used in violation of any applicable federal or state law or regulation.

As required by law, before any adverse action is taken against you, based in whole or part on the consumer report, such as denying employment, promotion, or termination, the Company will provide you with a copy of the report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act." If such adverse action is taken you will be given an adverse action notice.

By signing below, you acknowledge that you have read and understand this disclosure and you authorize the Company to obtain a consumer report about you either at the time of hire or at any time during the course of employment.

Print Applicant/Employee Name: _____ Date: _____

Applicant/Employee Signature: _____ Date: _____