



*Please complete all requested information. Use ink and print. Attach another page if more room is required.*

<b>General Information</b>	
Today's Date	Date Available for Work
Name: Last                      First                      Middle	Social Security Number
Street Address	Telephone (Home):
City                                  State                                  Zip	Telephone (Work):
Position Desired	Salary Desired
Full Time _____ 40 Hrs per Wk      Part Time _____ Less than 40 Hrs	Are you at least 18 years old?                      At least 16?
If applying for a full-time job, is there any reason why you would not be able to work a 40 hour week every week?                      If so, please explain.	
Have you ever been convicted of a felony? (Note: do not answer yes or provide any information regarding the following: (A) Arrests that did not lead to a conviction, (B) convictions that have been sealed, expunged, dismissed, or otherwise eradicated)	

<b>Work Experience (Start with Current Employer and Continue with Former Employers)</b>	
Employer #1	Street Address
Phone	City                                  State                                  Zip
Supervisor                                  Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment
May we contact your current employer?	
Employer #2	Street Address
Phone	City                                  State                                  Zip
Supervisor                                  Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment
Employer #3	Street Address
Phone	City                                  State                                  Zip
Supervisor                                  Title	Position
Final Salary	Reason for Leaving
First Day of Employment	Last Day of Employment

<b>Referral Source</b>	
How did you find out about this position?	Name (If applicable)

<b>Emergency Contact</b>	
In Case of An Emergency, Contact (Name)	Phone Number:

Professional References – List Persons Familiar with your Work Ability (Exclude Relatives)	
Reference Name #1	Phone Number
How Acquainted	How Long
Reference Name #2	Phone Number
How Acquainted	How Long
Reference Name #3	Phone Number
How Acquainted	How Long

Education and Training			
High School Name	City	State	
Years Completed	Degree Acquired	Type of Course/Major	
College Name	City	State	
Years Completed	Degree Acquired	Type of Course/Major	
Additional Training	City	State	
Years Completed	Degree Acquired	Type of Course/Major	
Computer Software			

Additional Inquiries	
Have you ever been dismissed or asked to resign from any employer?	If yes, please explain.
_____	
If employment is offered, can you provide verification of your legal right to work in the U.S.?	
Provide information about community activities, professional trade or service organizations to which you belong with you believe may demonstrate your job related abilities (you may exclude those which indicate race, color, religion, sex, national origin, age, or handicap.)	
_____	

- If hired, I agree to abide by the rules and regulations of the company. I understand that my employment is at-will. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time. Similarly, the company is free to terminate or change the terms and/or conditions of my employment at any time for any reason or no reason. The only time my at will status could be changed is if I were to enter into a written contract with the company explicitly promising me job security.
- All of the information I have supplied in the application is a true and complete statement of the facts, and if employed, any omissions or false or misleading statements, on this application or during the interview process could result in immediate dismissal regardless of when such information is discovered. I further authorize all courts, probation departments, prosecutor's offices, boards, employers, educational and credit companies, other institutions and agencies, without exception, to furnish the company or its representatives any information any of them have concerning me. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I further authorize a check by any consumer agency of my employment history as well as any incidents of employment dishonesty, retail theft or criminal activity. I understand that my employment and/or retention may be affected in whole or in part from a report received from this agency. I hereby discharge and exonerate the company, its agents and representatives, or any person so furnishing information, from any liability and all liability of every nature and kind arising out of the furnishing, inspection or collection of such records, and other information or the investigation made by the company. A photostatic copy of this authorization will be considered as effective and valid as the original. (Wherever legally required, a copy of any credit report and other information will be available by request.)
- I agree to protect the company's confidential information, trade secrets, and other proprietary information and will not reveal such information to anyone at any time during or after cessation of my employment.
- I further understand that the company will not employ persons who use illegal drugs or engage in substance abuse, and that the company retains the right to screen from employment such individuals.
- If hired, I understand that the first 90 days of employment are considered a probationary period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date