



# Application for Employment

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

**PLEASE RETURN WITH A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD**

### Personal

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____ Location _____			Social Security Number
Position Desired			Drivers License Number
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available for work?
Other special training or skills (languages, machine operation, etc.)			

### Education

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Membership in Professional or Civic Organizations

Exclude those which may disclose your race, color, religion, or national origin.

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**Employment** Please give an accurate, complete full and part-time employment record **going back 10 years.** Begin with most recent employer. If you need more space, please attach further employers information on a separate sheet.

Company Name	Telephone
Address	Employed (state month and year) From                      To
Job Title and Duties	Pay Rate (circle one) :    Salary    or    Hourly Start \$                      Final \$  Job Bonus Rate: _____ Per Diem Rate:        _____
Supervisor Name	Reason for Leaving

Company Name	Telephone
Address	Employed (state month and year) From                      To
Job Title and Duties	Pay Rate (circle one) :    Salary    or    Hourly Start \$                      Final \$  Job Bonus Rate: _____ Per Diem Rate:        _____
Supervisor Name	Reason for Leaving

Company Name	Telephone
Address	Employed (state month and year) From                      To
Job Title and Duties	Pay Rate (circle one) :    Salary    or    Hourly Start \$                      Final \$  Job Bonus Rate: _____ Per Diem Rate:        _____
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Company Name	Telephone
Address	Employed (state month and year)
	From To
Job Title and Duties	Pay Rate (circle one) : Salary or Hourly
	Start \$ Final \$
	Job Bonus Rate: _____
	Per Diem Rate: _____
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Supervisor Name	Reason for Leaving

Company Name	Telephone
Address	Employed (state month and year)
	From To
Job Title and Duties	Pay Rate (circle one) : Salary or Hourly
	Start \$ Final \$
	Job Bonus Rate: _____
	Per Diem Rate: _____
Supervisor Name	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____
	Reason _____

Have you ever worked under any other name?.....Yes No  
 If yes, give names \_\_\_\_\_

Are you presently employed? .....Yes No  
 If yes, may we contact your present employer? .....Yes No

Have you ever been fired from a job or asked to resign?.....Yes No  
 If yes, please explain: \_\_\_\_\_

**References** Please give three references, not relatives or former employers.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation. I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job, in the event that I am hired.

I understand that compliance with the Company's Corporate Code of Conduct is a condition of my employment.

I understand that I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of my employment, if required.

I UNDERSTAND THAT THIS APPLICATION OF SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization representative for details.

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Hired: Yes No Position \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Date Reporting to Work \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Department Manager Corporate Authority