



## APPLICATION FOR EMPLOYMENT

**Equal Employment Opportunity Employer**

Each Question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room to list all the requested information. We require you to list at least the last three employers, or where you have worked for the last three years, whichever is the longest. PLEASE PRINT, except for the signature on the back of this application.

All information given will be held in confidence.

**NOTE:** This application is current and valid for sixty (60) days only. After that, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application IN PERSON. Attach additional sheets of paper if necessary to complete this application.

**WE DRUG TEST**

POSITION

NAME

LAST

FIRST

MI

**PERSONAL INFORMATION** Date: \_\_\_\_\_

NAME

LAST	FIRST	MI
HAVE YOU EVER BEEN EMPLOYED OR WORKED UNDER ANY OTHER NAMES? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, WHAT OTHER NAMES HAVE YOU USED?		

Present Address

STREET	CITY	STATE	ZIP CODE
--------	------	-------	----------

MAILING ADDRESS

(IF DIFFERENT THAN ABOVE)	STREET	CITY	STATE	ZIP CODE
---------------------------	--------	------	-------	----------

PHONE NO.	ARE YOU 18 YEARS OR OLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
-----------	---------------------------	------------------------------	-----------------------------

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S. ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

**NOTE:** TO THE EXTENT GOVERNED BY FEDERAL LAW, WE WILL REQUIRE PROOF OF EMPLOYMENT ELIGIBILITY

HOW DID YOU FIND OUT ABOUT THIS JOB?	ARE THERE ANY DAYS OR HOURS YOU CAN'T WORK DUE TO OTHER NEEDS?
--------------------------------------	--

EVERY APPLIED WITH US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU ABLE TO WORK OVERTIME? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

UNDER EACH DAY IN THE BOXES BELOW LIST THE HOURS YOU WILL BE AVAILABLE TO WORK DURING THE REGULAR WEEK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

**EDUCATION**

EDUCATION	NAME AND LOCATION OF SCHOOL	NUM OF YEARS ATTENDED	GRADUATED YES / NO	YEAR	SUBJECTS STUDIED
HIGH SCHOOL					
COLLEGE					
OTHER					
SCHOOLIN/TRAINING					

**Qualifications / Certifications**

AREAS OF SPECIAL STUDY, TRAINING OR QUALIFICATIONS

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:	TO:				
FROM:	TO:				
FROM:	TO:				
FROM:	TO:				
FROM:	TO:				

**REFERENCES** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS AQUAINTED

**NOTICE TO APPLICANTS:**

IF YOU NEED ANY ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CONTACT THE MANAGEMENT. IF YOU NEED A REASONABLE ACCOMMODATION IN ORDER TO INTERVIEW FOR A JOB PLEASE INFORM OUR STAFF IN ORDER THAT WE MAKE APPROPRIATE ARRANGEMENTS TO ASSIST YOU

**ACKNOWLEDGMENT & AGREEMENT**

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND I WILL BE REQUIRED TO SHOW PROOF OF MY ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES IN ACCORDANCE WITH FEDERAL IMMIGRATION LAW AND REGULATION.

"I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES MAY BE MADE INCLUDING REFERENCES, EMPLOYMENT HISTORY, EDUCATION AND OTHER REPORTS. IF I AM APPLYING FOR A POSITION OF TRUST AND/OR A JOB THAT REQUIRES HANDLING MONEY OR DRIVING. ADDITIONAL REPORTS CAN INCLUDE CONSUMER CREDIT, DRIVING AND CRIMINAL RECORDS. THESE REPORTS INCLUDE INFORMATION AS TO MY CHARACTER, PAST PERFORMANCE AS AN EMPLOYEE AND RECORDS FROM VARIOUS PRIVATE, STATE AND FEDERAL AGENCIES. I HEREBY VOLUNTARILY AGREE TO SUCH CHECKS AND RELEASE ALL PARTIES INCLUDING PAST EMPLOYERS AND THIS COMPANY FROM ANY AND ALL LIABILITY IN THE INFORMATION SOUGHT, PROVIDED AND OBTAINED.

"IF EMPLOYED. I WILL BE IN AN INTRODUCTORY PERIOD FOR AT LEAST 90 DAYS. IN CONSIDERATION OF MY EMPLOYMENT . I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME. BY EITHER ME OR THE OR THE COMPANY.

"I UNDERSTAND THAT A BLOOD , BREATH OR OTHER BODY SUBSTANCE TEST MAY BE REQUESTED OF ME AS PART OF THE COMPANY'S PROGRAM. SINCE TESTING IS A CONDITION OF EMPLOYMENT. I AGREE TO COOPERATE WITH PROPER TESTING AUTHORITY AND ACCEPT TESTING IF AND WHEN ASKED UNDER THE CONDITIONS DESCRIBED IN THE COMPANY'S DRUG FREE WORKPLACE PROGRAM.

"I UNDERSTAND THE COMPANY HAS A DRUG TESTING POLICY. I UNDERSTAND THAT THE DRUG AND ALCOHOL TESTING CAN OCCUR UNDER THE TERMS AND CONDITIONS OF THE COMPANY'S POLICIES AND PROCEDURES. ALL DRUG & ALCOHOL TESTING IS PERFORMED BY AN ACCREDITED TESTING SERVICE AND UNDER APPLICABLE FEDERAL AND STATE GUIDELINES AND REQUIREMENTS. IF HIRED, I FURTHER AGREE AND CONSENT (or the consent is granted by a signing legal representative in case of a minor) TO A DRUG TEST AND THAT MY EMPLOYMENT IS BASED UPON SUCCESSFULLY PASSING A DRUG TEST"

DATE

Applicant's Signature