

APPLICATION FOR EMPLOYMENT

An Equal Employment
Opportunity Company

Position You Are Applying For _____ Desired Salary _____

Date Available for Work _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____

Home Phone _____ Cell _____ Work _____

Email address _____

Education				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held _____

Employment					
Name & Address of employer	Employed Month/Yr	Position Last Held	Rate of Pay	Supervisor Title /Name	Reason for Leaving
	From To		\$ Per		
	From To		\$ Per		
	From To		\$ Per		
	From To		\$ Per		

MILITARY EXPERIENCE: Have you served in the Armed Forces of the United States? _____

Branch _____ Service Schools _____

References	Phone Number	Occupation	Years Known

How did you find out about this job opening?

Walk In ___ Employee Referral ___ Internet ___ Other ___

Newspaper Ad ___ State EDD Agency ___ Private Agency ___ Specify ___

If employed, can you verify your legal right to work in the United States Yes No

Do you have any friends or relatives working for this company? _____

If position applied for requires operation of a vehicle do you have a valid license? Yes No

If Yes: State of Issue _____ License# _____ Expiration Date _____

AGREEMENT AND RELEASE – READ CAREFULLY BEFORE SIGNING

I certify that I have not misrepresented myself in any manner. I further certify that this Application has been completed by me personally and all information given is true and complete to the best of my knowledge. I agree that any misstatement or misrepresentation is grounds for rejection of my application and for my immediate termination in the event of employment. I acknowledge that this Application and the selection process do not in themselves create an employment contract between me and the company.

I authorize the company to investigate my suitability for employment as it deems necessary through medical, education, employers or other sources. In addition, I agree to execute documents the company deems necessary to such investigation including medical and drug screening and hereby release the company and other involved entities or persons from any claims or liabilities arising out of such investigation procedures.

Should I be employed, I agree to comply with and abide by all the terms and conditions of employment that the company has established and that it may amend, add to, or delete from time to time. Additionally, I agree that if employed, my employment is for no definite period and may be terminated at any time and at will by me or the company, and that any representations contrary to the foregoing are not binding on me or the company unless made in writing and signed by me and an officer of the company.

Applicant's Signature: _____ Date _____