



## APPLICATION FOR EMPLOYMENT

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

For use in all states except: MA, MD, SD, MT OR  
and WA.

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, physical or mental disability, veteran status  
or any other basis recognized by federal, state or local law.

### PERSONAL BACKGROUND

Name\_\_\_\_\_

Last

First

M.I.

Current Address\_\_\_\_\_

Street

City

State

Zip code

Phone No. (\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

Date you can start\_\_\_\_/\_\_\_\_/\_\_\_\_ Referred by\_\_\_\_\_

Position Applying for\_\_\_\_\_ Specify Hours\_\_\_\_\_ Salary\_\_\_\_\_

Is there any reason we may not inquire your present employer or prior employers? If yes, please explain:

\_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Where\_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime?

Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment

Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S?  
(Verification and completion of form 1-9 must be submitted no later than three business days after date of hire).

Yes No

Have you ever been convicted of a felony which is substantially related to the functions or qualifications of the position (s) for  
which you are applying? Note: This question does not apply to convictions which have been expunged, sealed, pardoned or  
otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.)

Yes No

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the  
conviction(s). \_\_\_\_\_

Specialized skills (e.g. computer, language, equipment operations etc.).

\_\_\_\_\_

### WORK EXPERIENCE

(Please list below your last four employers, starting with you present or last place of employment.) You may include any verifiable work performed on a volunteer basis, internship or military service.

Date: Mo / Yr	Name, address & Phone # of employer	Salary	Position	Name of Super- visor	Reason for Leaving

## REFERENCES

Please give the names of two additional work-related references that we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name, position  
Telephone Number

Company

1. \_\_\_\_\_

2. \_\_\_\_\_

### APPLICANT CERTIFICATION-PLEASE READ CAREFULLY

I understand that this application is not a contract, offer promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance or employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the Company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorized the company or its agents to confirm all statements contained in this application and /or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms. \* I release all parties from any liability arising out of this provision and the use of such information.

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_