

**EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, color, religion, sex, national origin, disability, age, veteran status, genetic information or any other protected status.



This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

APPLICANT INFORMATION		
First Name:	M.I.	Last Name:
Street Address:	Apt. Number:	Date of Birth:
City:	State:	Zip:
Phone:	Email Address:	
Date Available:	Social Security No:	Desired Salary:
Referred By:	Position Applying For:	
Emergency Contact:	Relation:	Phone:
Are you authorized to work in the U.S. for any employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any reasons why you would be unable to perform the tasks involved in the position that you are applying for? YES <input type="checkbox"/> NO	
	If yes, please state reasons:	
Have you ever been convicted of, plead guilty to, or served probation for any crime? YES <input type="checkbox"/> NO	If yes, state the offense, location, date and disposition:	
Do you have obligations or other reasons that would limit your ability to perform your duties or work overtime: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:	
EDUCATION		
High School:	Address:	
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	
College:	Address:	
Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	
Other:	Address:	

Did you graduate? NO	<input type="checkbox"/> YES <input type="checkbox"/>	Degree:
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REFERENCES

Please list three references. (Not related to you)

Name:	Relationship:
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Company:	Phone:
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Address:

REFERENCES

Name:	Relationship:
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Company:	Phone:
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Address:

REFERENCES

Name:	Relationship:
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Company:	Phone:
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Address:

PREVIOUS EMPLOYMENT

Company:	Phone:
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for leaving:
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May we contact your previous employer for a reference? YES NO

PREVIOUS EMPLOYMENT

Company:	Phone:
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Address:	Supervisor:
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Job Title:	Starting Salary: \$	Ending Salary: \$
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Responsibilities:

From:	To:	Reason for leaving:
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May we contact your previous employer for a reference? YES NO



PREVIOUS EMPLOYMENT-CONTINUED

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for leaving:

May we contact your previous employer for a reference? YES NO

List Equipment You Can Operate:

SKILLS & ABILITIES: (Please list any skills and/or abilities you have)

ARE YOU ABLE TO PERFORM THE FOLLOWING?

Bend: YES NO **Stoop:** YES NO **Twist:** YES NO **Climb:** YES NO
Lift at least 50 pounds: YES NO **Carry:** YES NO **Push/Pull:** YES NO
Reach: YES NO **Kneel:** YES NO **Stand for long periods of time:** YES NO
Work in extreme weather (heat, cold, etc.): YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate any employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive any right to bring any cause of action against those individuals for defamation invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drugs and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination.

I further understand that my employment is “at-will” and may be terminated by myself or by the company at any time for any reason or for no reason at all, with or without prior notice.

Signature: _____ Date: _____