



Date:
Renewed:
Job / Position applying for: (Must be filled in)

## Application for Employment

### General Information

Name	Social Security No.
Address	Telephone No.
City                      State	Zip Code

**EMPLOYMENT RECORD:** Starting with present or MOST RECENT, list all previous employers. Include self-employment, military service, summer and part time jobs.

Name & Address of Former Employer	Dates Employed		Position & Duties	Salary	Reason for Leaving
Company Name                      Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
Street Address				Leaving \$	
City & State                      Zip				Supervisor's Name	
Company Name                      Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
Street Address				Leaving \$	
City & State                      Zip				Supervisor's Name	
Company Name                      Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
Street Address				Leaving \$	
City & State                      Zip				Supervisor's Name	
Company Name                      Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
Street Address				Leaving \$	
City & State                      Zip				Supervisor's Name	
Company Name                      Phone	From Mo./Yr.	To Mo./Yr.		Starting \$	
Street Address				Leaving \$	
City & State                      Zip				Supervisor's Name	

**References: (Not relatives)**

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

**Educator:**

	Name & Address of School	No. of Years Attended	Degrees
Elementary			
Middle School			
High School			
College			
Other (Trade School, etc.)			

**Medical Information:**

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination.

Employees at any time during the course of their employment, maybe required to undergo a medical examination at Company expense and by a Company chosen physician. I authorize the physician conducting the examination and any laboratory testing and specimen obtained by the physician to discuss the results of the examination and the laboratory test with the Company.

Are you able to perform the essential functions for this job with or without reasonable accomodation? \_\_\_\_\_ Applicants Initials \_\_\_\_\_

**Other:**

Have you ever been convicted of a crime which would have a substantial relationship to the functions and responsibilities of the position for which you are applying? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Do you know anyone working for our Company? \_\_\_\_\_ If so, who? \_\_\_\_\_

**Note:**

It is the policy of this Company to hire only U.S. citizens and aliens who are in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge and I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

his application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause, reason and with or without notice.

\_\_\_\_\_ Application Date \_\_\_\_\_ Applicant's Signature