



EMPLOYMENT APPLICATION

Personal Information				
Last Name:		First Name:		M.I.:
Address:		City:	State:	Zip:
Home Phone:				
Cell Phone:		Email:		
Social Security Number:			Date of Birth:	

Position Information	
Position Desired:	Salary Desired:
Are you authorized to work in the U.S. on an unrestricted basis:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to lift 50+ pounds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, will you consent to random drug screenings?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Qualifications				
Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.				
	School Name	Degree	Address/City/State	Date
School				
School/Other				
Other				

Special Skills
List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

References		
Please list three professional references not related to you.		
Name	Phone Number	Relationship

Work History

Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title:	Start Date:	End Date:	
Company Name:	Starting Salary:	Ending Salary:	
Address:	City:	State:	Zip:
Supervisor's Name:		Supervisor's Phone Number:	
Reason for Leaving:			
Duties:			
If this is your present employer, may we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Job Title:	Start Date:	End Date:	
Company Name:	Starting Salary:	Ending Salary:	
Address:	City:	State:	Zip:
Supervisor's Name:		Supervisor's Phone Number:	
Reason for Leaving:			
Duties:			

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Company Name:	Starting Salary:	Ending Salary:	
Address:	City:	State:	Zip:
Supervisor's Name:		Supervisor's Phone Number:	
Reason for Leaving:			
Duties:			

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature:	Date:
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