

**EMPLOYMENT APPLICATION**  
**An Equal Opportunity Employer**

**Please Print**

\_\_\_\_\_  
Date                                      Last Name                                      First Name                                      Middle Initial

Present Address

\_\_\_\_\_  
No. & Street                                      City                                      State                                      Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                                      City                                      State                                      Zip

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Business Phone

Home Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?

Yes  No

Regular part-time work?

Yes  No

Temporary work, e.g., summer or holiday work?

Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?

Yes  No

Would you be available to work overtime, if necessary?

Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for this company before?

Yes  No

If yes, when? \_\_\_\_\_

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

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

If hired, would you have a reliable means of transportation to and from work?

Yes  No

Are you at least 18 years old?

Yes  No

*(If under 18, hire is subject to verification that you are of minimum legal age.)*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes  No

If no, describe the functions that cannot be performed.

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*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible candidates/employees to perform essential functions. Hire may be subject to passing a medical examination, and to passing skill and agility tests.)*

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes  No

*(Note: Convictions for marijuana-related offenses that are more than two years old need not be listed.)*

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

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*(Note: No candidate will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

Are you currently employed?

Yes  No

If so, may we contact your current employer?

Yes  No

Some of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?

Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at this company?

Yes  No

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

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Answer the following questions if you are applying for a professional position only:

Are you licensed/certified for the job applied for?

Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?

Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

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**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	
	_____			
<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	
	_____			
<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	
	_____			
<b>Other</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	
	_____			

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer _____		Telephone No. (____) _____	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment: _____		Weekly Pay: _____	
From _____	To _____	Starting _____	Ending _____

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact the above employer for a reference?  Yes  No

**Employment History, continued:**

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact the above employer for a reference?  Yes  No

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact the above employer for a reference?  Yes  No

\_\_\_\_\_  
**Name of Employer** (\_\_\_\_\_) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact the above employer for a reference?  Yes  No

**Note: Attach additional page(s) if necessary.**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?

Yes  No

If so, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List below four persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
**First Name** Last Name Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
**First Name** Last Name Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
**First Name** Last Name Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
**First Name** Last Name Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Address & Street City State Zip  
\_\_\_\_\_  
Occupation No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify, under penalty of perjury, that I have not knowingly withheld any information that might  
Initials adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned candidate, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and  
Initials other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be  
Initials granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the company or me). I also understand that this aspect of my employment, which includes the company's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both the president of the company and me.

\_\_\_\_\_ I understand that any offer of employment regarding certain job positions may be conditioned upon  
Initials satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the company condition my offer of employment upon successful completion of such an examination or screening.

\_\_\_\_\_ I understand that a consumer report or an investigative consumer report may be obtained from a  
Initials Consumer Reporting Agency for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I further understand that this report may contain information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with my neighbors, friends or associates. I also understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation.

\_\_\_\_\_ I acknowledge that I have read all of the above statements and that I understand them. In addition, the  
Initials statements above supersede and replace any prior understandings or discussions I have had with the company and set forth the complete agreement between the company and me regarding these matters.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - Please Print

# REFERENCE RELEASE

## Candidate's Authorization

I consent to and authorize the below named former employer, which I listed on my application, to furnish any reference information concerning me including: achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the below named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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(For Company Use Only)

\_\_\_\_\_  
Former employer

\_\_\_\_\_  
Dates employed

The above named candidate is being considered for employment with our company and has listed your organization as a former employer on their application. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope.

Thank you for your assistance.

## Record of Employment

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?  Yes  No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	___	___	___	___	___
Accuracy	___	___	___	___	___
Productivity	___	___	___	___	___
Dependability	___	___	___	___	___
Attendance	___	___	___	___	___
Overall Performance	___	___	___	___	___

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_