



# Employment Application

We do not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from the military or any other characteristic protected by law.

Position Applying for: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number (including Area Code): \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Can you provide the documents required to prove your eligibility to work in the United States?  Yes  No

Are you at least 18 Years old?  Yes  No

Can you work any shift?  Yes  No

Can you work overtime?  Yes  No

Can you perform the essential functions, with or without a reasonable accommodation, for the job for which you are applying?  Yes  No

Have you previously worked for this Company?  Yes  No

If so, when? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you have any relatives that work for this Company?  Yes  No

If so, who? \_\_\_\_\_ Department: \_\_\_\_\_



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How did you hear about this Company?

- Walk-In
- Friend
- Advertisement
- Internet  
What site?  
\_\_\_\_\_

## Employment History

From	To	Employer Name	Telephone	Job Title:	Reason for Leaving:

## References

Name	Phone Number	Company	Years Known



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## Education:

	Name/Location of School:	Graduate:
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade		<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or myself can terminate my employment at any time with or without notice and with or without notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination of my employment.

I attest I have read or will read the Job Description and can perform the essential functions required of the job I am applying for with or without a reasonable accommodation.

Printed Name: \_\_\_\_\_

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