

Standard Employment Application

An Equal Opportunity Employer

Name (Last, First, MI) _____

Address _____ City _____ State _____ Zip _____ Phone _____

Position applying for: _____ Have you ever applied to or worked for _____ before? Yes No

Company Name

If yes, when? _____ Do you have any friends or relatives working for _____ Yes No

Company Name

If yes, state name and 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? (If under 18, hire is subject to verification that you are of minimum legal age.) 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: _____

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

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.

Education, Training and Experience

	School Name	City	State	Number of Yrs. Completed/Degree Earned	Did You Graduate?
High School					
College/University					
Vocational School					

Business References

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

Name	Occupation	Phone Number	Relationship	No. of Years Acquainted

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Employer		Dates Employed		Supervisor
		From	To	
Type of Business				Reason for Leaving
Duties Performed				
Phone	Your Position			May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Supervisor
		From	To	
Type of Business				Reason for Leaving
Duties Performed				
Phone	Your Position			May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer		Dates Employed		Supervisor
		From	To	
Type of Business				Reason for Leaving
Duties Performed				
Phone	Your Position			May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below.

Initials	I hereby certify that I have not knowingly withheld any information that might 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 applicant, 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.
Initials	I hereby authorize the company to thoroughly investigate my references, work record, education and 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.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature