

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

On what date would you be available for work? _____

Position title applying for: _____ [] Part-time [] Full-time

Desired Wage / Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S without any restrictions?

[] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No (Conviction will not necessarily disqualify an applicant for employment)

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment?

[] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test?

[] Yes [] No

EDUCATION

School Name	Name & Location of School	Year Graduated	Degree Received	Major
High School				
College / University				
College / University				
Other				

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

Do you hold any CDL Drivers Licenses?
 Yes No

If yes, what class of certifications _____

EMPLOYMENT HISTORY

(Most Recent First)

1. Employer _____ Job Title _____
 Date Employed _____ to _____ Position Held: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____
 Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

2. Employer _____ Job Title _____
 Date Employed _____ to _____ Position Held: _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

3. Employer _____ Job Title _____
Date Employed _____ to _____ Position Held: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____
Starting Salary _____ Ending Salary _____

Duties Performed

Reason for Leaving

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date