



APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date of Application: _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (City) (State) (Zip Code)

Previous Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Mobile: _____ SS: _____

How were you referred? Advertisement Referral (Name : _____) Other

Do any of your friends or relatives, other than spouse work here? Yes No

If yes please list name(s): _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required) Yes No

What is your desired salary range? \$ _____ to \$ _____

Do you have a current drivers License? Yes No

Drivers License No.: _____ Issuing State: _____

Class: _____ Restrictions: _____ Endorsements: _____ Exp. Date: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever tested positive or refused a drug test? Yes No

If yes, can you provide proof of a Substance abuse program? Yes No

Are there any physical limitations that would prevent you performing the position applied for? Yes No
yes, please explain: _____

We consider applicants for all positions without regard to race, religion, color, age, sex, national origin, disabilities, or Vietnam Era and Special Disabled Veterans Status.

WORK EXPERIENCE

Employer:	Dates Employed	Work Performed
Address:	<u>From</u> <u>To</u>	
City/State:		
Phone:	Hourly / Salary (circle one)	
Position Title:		
Supervisor:	May we contact Yes / No	
Reason for Leaving:		

Employer:	Dates Employed	Work Performed
Address:	<u>From</u> <u>To</u>	
City/State:		
Phone:	Hourly / Salary (circle one)	
Position Title:		
Supervisor:	May we contact Yes / No	
Reason for Leaving:		

Employer:	Dates Employed	Work Performed
Address:	<u>From</u> <u>To</u>	
City/State:		
Phone:	Hourly / Salary (circle one)	
Position Title:		
Supervisor:	May we contact Yes / No	
Reason for Leaving:		

Emergency Contacts		
1.	()	()
(Name)	(Relationship)	(Telephone Number)
2.	()	()
(Name)	(Relationship)	(Telephone Number)
3.	()	()
(Name)	(Relationship)	(Telephone Number)

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APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

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

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 change is specifically acknowledged in writing by an authorized executive or this organization.

I also acknowledge that the Employer requires Pre-employment as well as Random drug testing of all employees; I further understand that if I refuse a drug test or test positive I will no longer be considered for employment and/or my employment with the organization may immediately be terminated.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

FOR PERSONNEL DEPARTMENT USE ONLY

Date Interviewed: _____ Interviewed By: _____

Remarks: _____

Date Hired: _____ Job Title _____

Will employee drive a company vehicle? Yes No

Foreman: _____ Rate of Pay: _____ Hr/Sal
Circle one

Signature of Interviewer: _____ Date: _____

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