



Employment Application

HR016 - 3/21 Rev 4

The Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state, or local law.

Employee Information

Full Name:	Today's date:
Address: City, State, Zip:	Phone number: Alternate Phone number:
Are you at least 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of employment eligibility will be required, if hired.
Email Address:	
It is okay to send work related information to the above email: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Availability

Date you can start:	Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
What schedule are you available: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Any	

Previous Employers

Please note: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are MANDATORY

Most Recent Employer			
Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name	City	State	Phone
Starting Date	Ending Date	Job Title	Supervisor Name
Duties			
Salary	Reason for Leaving		
Second Most Recent Employer			
Company Name	City	State	Phone
Starting Date	Ending Date	Job Title	Supervisor Name
Duties			
Salary	Reason for Leaving		
Third Most Recent Employer			
Company Name	City	State	Phone
Starting Date	Ending Date	Job Title	Supervisor Name
Duties			
Salary	Reason for Leaving		

Driver's License Information

If this job requires, do you have the appropriate valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name on License	License Number	Type	State of Issue

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Education

School Name	City/State	Graduated	Degree Type
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Licenses and Certifications

License/Certification Name/Type	License/Certification Number	License/Certification Issuing Authority	Ever Revoked
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
If revoked, please explain.			

References

Full Name	Full Address	Phone	Relationship	Years Known

Criminal History

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? **Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.** Yes No Are you currently awaiting trial for any criminal offense? Yes No
If yes, please explain. Use additional paper if necessary.

Certification and Release

- I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.
- I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.
- I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company.
- I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.
- I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.
- I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

Signature

Date

This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application.