



Employment Application

DATE _____
 POSITION APPLIED FOR _____

I AM SEEKING A PERMANENT POSITION YES NO

NAME _____
 LAST FIRST MI

I HAVE LIVED IN THIS AREA FOR:

ADDRESS _____

YEARS MONTHS

IF NECESSARY FOR THE JOB I AM ABLE TO:

WORK THESE SHIFTS

WORK OVERTIME YES NO

PROVIDE A VALID DRIVERS LICENSE YES NO

PHONE () () MESSAGE

EMAIL _____

DO YOU NEED SPECIAL ACCOMMODATIONS TO PERFORM THE PRIMARY TASKS OF THIS POSITION? YES NO

IF NECESSARY FOR THE JOB I AM OVER THE AGE OF: 14 15 16 18 21

I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? (A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FOR A POSITION) YES NO

IF YES PLEASE EXPLAIN _____

MILITARY SERVICE YES NO BRANCH _____ DATES _____ THRU _____

DUTY/SPECIALIZED TRAINING _____ ARE YOU CURRENTLY IN THE NATIONAL GUARDS OR RESERVE? YES NO

EDUCATION	NAME	LOCATION	YEARS COMPLETED	FIELD OF STUDY	GRADUATE
HIGH SCHOOL	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS/TECHNICAL	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER (MAY INCLUDE GRAMMAR SCHOOL)	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES	NAME	ADDRESS	TELEPHONE	YEARS KNOWN
LIST TWO PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS	_____	_____	()	_____
	_____	_____	()	_____

IN CASE OF ACCIDENT OR ILLNESS PLEASE CONTACT: _____
 NAME/ADDRESS _____ DAYTIME PHONE _____ RELATIONSHIP _____

PREVIOUS EMPLOYMENT

LIST LAST EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. BE SURE ALL OF YOUR EXPERIENCE OR EMPLOYERS RELATED TO THIS JOB ARE LISTED BELOW: (USE AN EXTRA SHEET OF PAPER IF NECESSARY)

EMPLOYERS NAME/ADDRESS	POSITION TITLE/DUTIES	DATES	TO
SUPERVISOR'S NAME		TELEPHONE	REASON FOR LEAVING
.....			
EMPLOYERS NAME/ADDRESS	POSITION TITLE/DUTIES	DATES	TO
SUPERVISOR'S NAME		TELEPHONE	REASON FOR LEAVING
.....			
EMPLOYERS NAME/ADDRESS	POSITION TITLE/DUTIES	DATES	TO
SUPERVISOR'S NAME		TELEPHONE	REASON FOR LEAVING
.....			
EMPLOYERS NAME/ADDRESS	POSITION TITLE/DUTIES	DATES	TO
SUPERVISOR'S NAME		TELEPHONE	REASON FOR LEAVING

BRIEFLY EXPLAIN

WHAT ARE YOUR LONG TERM GOALS? _____

WHY DO YOU WANT TO BE SELECTED FOR THIS POSITION? _____

HOW DO YOU FEEL THAT YOU ARE THE BEST CANDIDATE FOR THIS POSITION? _____

TYPES OF COMPUTERS OTHER ELECTRONIC OR MECHANICAL EQUIPMENT THAT YOU ARE QUALIFIED TO OPERATE OR REPAIR: _____

INFORMATION TO THE APPLICANT

AS PART OF OUR PROCEDURE FOR PROCESSING YOUR EMPLOYMENT APPLICATION, YOUR PERSONAL AND SUBSEQUENTLY HIRED YOU MAY BE DISCHARGED FROM YOUR JOB.

IF NECESSARY FOR EMPLOYMENT, YOU MAY BE REQUIRED TO: SUPPLY YOUR BIRTH CERTIFICATE OR OTHER PROOF OF AUTHORIZATION TO WORK IN THE U.S. HAVE A PHYSICAL EXAMINATION AND/OR A DRUG TEST, OR TO SIGN A CONFLICT OF INTEREST AGREEMENT AND ABIDE BY IT'S TERMS.

I UNDERSTAND AND AGREE TO THE INFORMATION SHOWN ABOVE:

_____ / / _____

SIGNATURE DATE

EQUAL EMPLOYMENT OPPORTUNITY: WHILE MANY EMPLOYERS ARE REQUIRED BY FEDERAL LAW TO HAVE AN AFFIRMATIVE ACTION PROGRAM ALL EMPLOYERS ARE REQUIRED TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES AND MAY ASK FOR NATIONAL ORIGIN, RACE AND SEX FOR PLANNING AND REPORTING PURPOSES ONLY.

EMPLOYER SECTION _____