



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For: _____ Date: _____

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ Zip: _____ Email: _____

Telephone Number: _____ Social Security Number: _____

Have you ever been employed with us before? If Yes, when? _____ Yes No

On what date would you be available for work? _____

Are you available to work:

- Full Time Part Time Shift Work Temporary

Do you have any scheduling restrictions? Yes No

If Yes, please explain _____ Yes No

Do you have a dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the last 10 years? Yes No

If Yes, please explain _____

Do you have the ability to lift, carry, and balance up to 125 lbs? Yes No

EDUCATION

	Name and Location	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Graduate or Professional				
Other				

CERTIFICATIONS

Please list any certifications that you have that may relate to the position you're applying for. (Proof is required upon employment.)

LICENSES

Please list any licenses that you have that may relate to the position you're applying for. (Proof is required upon employment.)

**EMPLOYMENT EXPERIENCE**

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. We reserve the right to contact any previous employers or references listed below to obtain information regarding your previous work performance.

Employer:	Supervisor:
Address:	Dates Employed: From: To:
Telephone No.:	Hourly Rate / Salary: Starting: Final:
Job Title:	Reason for Leaving:
Job Description:	
Employer:	Supervisor:
Address:	Dates Employed: From: To:
Telephone No.:	Hourly Rate / Salary: Starting: Final:
Job Title:	Reason for Leaving:
Job Description:	
Employer:	Supervisor:
Address:	Dates Employed: From: To:
Telephone No.:	Hourly Rate / Salary: Starting: Final:
Job Title:	Reason for Leaving:
Job Description:	

MOTOR VEHICLE RECORD

Have you ever been convicted of any driving violations in the last 5 years? Yes No

If yes, please explain: _____

EMERGENCY CONTACT INFO

Name: _____ Relation: _____ Phone Number: _____

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 90 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.

Signature of Applicant: _____ Date: _____