

This application must be filled out in ink and may NOT be taken from our office. Please complete it here.

*** CURRENT DMV REQUIRED ***

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status

APPLICATION FOR EMPLOYMENT

P E R S O N A L E D U C A T I O N	Last name		First	Middle	Date	
	Street Address				Home Phone () -	
	City, State, Zip				Business Phone () -	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year: _____ Location _____				Social Security Number	
	Position Desired				Pay Expected	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____	
	Other special training or skills (languages, machine operation, etc.)				Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How did you learn of our organization?					
	Can you meet the essential functions of this job, with or without, reasonable accommodation? If yes, what can be done to accommodate your limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST YOUR TRADE LICENSES WITH THEIR EXPIRATION DATES

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

5	Company Name	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	
	Describe your duties and any special training	Branch of Service
		Rank at Discharge

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED	
<p>If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.</p>	
<input checked="" type="checkbox"/> What was your previous address? _____	<input checked="" type="checkbox"/> How long at present address? _____ years <input checked="" type="checkbox"/> How long at previous address? _____ years
<input checked="" type="checkbox"/> Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employer? _____	
<input checked="" type="checkbox"/> Have you ever been convicted of a crime in the past seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full: _____	
<input checked="" type="checkbox"/> State names of relatives and friends working for us other than your spouse. _____	
<input checked="" type="checkbox"/> Please give the name, address and phone number of three references not related to you: 1. _____ 2. _____ 3. _____	
<input checked="" type="checkbox"/> A drug screening will be required prior to being hired. Please sign to acknowledge that you agree with this pre-employment requirement. Signature _____ Date _____	
Any other information you feel pertains to your qualifications for the position: _____ _____ _____ _____ _____	

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	

	Date	Signature