

EMPLOYMENT APPLICATION

Equal Employment Employer



APPLICANT NAME: _____
Please print

DATE: _____

Thanks for your interest in working for us!

Please review these important features of our hiring process:

1. We accept applications at all times only from persons with specific recent experience in certain specialties in our industry. See recruiter for details.
2. Other applications are only accepted if a current vacancy exists.
3. You may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Your application is **active only for 60 days**.
(or until the current hiring process closes, whichever is later).
To be considered for openings after that, an updated application will be required.
5. We conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are made.
6. Hiring is a two way process – We encourage you to ask questions and will do our best to answer them.
7. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview will be called.
8. Sometimes internal candidates are being considered along with outside applicants.
9. All job offers are contingent on passing our fitness for duty assessment.
Job offers are not final until confirmed in writing.
10. Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

PLEASE INITIAL THIS AFTER READING ABOVE _____



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age sex, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS – PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly, do not type. Answer all items, even if you have a resume. Check over your final application for accuracy, especially important numbers like phone numbers, etc. Please sign & date the application where indicated. If you need another form or have questions, please feel free to ask.

Today's Date						
Last Name		First Name		Initial	Other names used, dates:	
Present Street Address			City		State	Zip
Previous Address if at present address less than 3 years			City		State	Zip
Home Telephone Number		Message Phone		Emergency Contact Person		Emergency Phone
Are you at least 18 years of age?	If under 18, do you have a work permit?	Can you provide proof that you can be lawfully employed in the U.S.?			Are you a user of tobacco products?	
Have you applied for work here before?		If yes, when?		Have you worked for this company before?		
				If yes, when and in what job?		
Do any of your relatives or persons of your same household work here? If yes, please give their names.						
We routinely check the criminal backgrounds of applicants. A conviction does not necessarily disqualify an applicant. Have you been convicted or plead guilty to a crime, been incarcerated, under community supervision or been required to do community service in the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:					Are you required to register as a sex offender anywhere?	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position Applied For:		Have you done this kind of work before? If yes, where?	Date you are available to start
List other jobs you believe you may be qualified for:			
How were you referred to us?			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee Referral (name)_____ <input type="checkbox"/> School (name)_____			
<input type="checkbox"/> Walk-In <input type="checkbox"/> Agency (name)_____ <input type="checkbox"/> Other (explain)_____			
Your preferred Schedule:		What week days and hours are best for you?	What would be your second choice?
<input type="checkbox"/> Full Time <input type="checkbox"/> Temp./ Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			
Check if you are willing to accept regular work on:			Can you stay late on short notice if required?
<input type="checkbox"/> Full Time <input type="checkbox"/> Temp. / Seasonal <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Evening Shift <input type="checkbox"/> Variable Shifts			
Any prior commitments which would require absence of more than a few hours in the next 12 months?		If yes, please explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now, or do you expect to be engaged in any other business or employment?		If yes, please explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any certificates or licenses you hold related to your qualifications for the work you seek:	Are you willing to relocate?
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EDUCATION

School Name & Full Address	Attended Dates:		Graduated?	Degree & Major Area	GPA
High School	<i>From:</i>	<i>To:</i>			
College/Univ.					
College/Univ.					
Trade, Other					
Are you currently a student? If yes, Explain:	Scholastic honors achieved:				
Outside activities while in school which you feel reflect your abilities:					
Plans for future education/training:					

WORK HISTORY – Start with PRESENT or most recent employer. Include MILITARY experience or volunteer work if full time or your major activity.

Name of Organization		Employment Dates (Month and year)		Type of Business or Industry		
		<i>From</i>	<i>To</i>			
Street Address			City		State	Zip
<u>Supervisor Name, Title:</u>	May we contact?	Phone Number	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, Contract)	
Your job title(s), duties, skills used:					Reason for leaving:	

Name of Organization		Employment Dates (Month and year)		Type of Business or Industry		
		<i>From</i>	<i>To</i>			
Street Address			City		State	Zip
Supervisor Name, Title:		Phone Number	Your starting pay \$	Your ending pay \$	Employment Status (FT, PT, Contract)	
Your job title(s), duties, skills used:					Reason for leaving:	

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