

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. Its is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION					
Last Name	First Name	Middle	Date of Application		
STREET ADDRESS			Home Phone ()		
City, State, Zip			How long at present address?		
Were you previously employed by this organization? Yes, Date(s)?			Social Security Number		
			No		
Have you previously applied for work to this organization? Yes, Date(s)?			Are you over age 18?		
			Yes		
			No		
Position applying for			Wages Expected		
Check the following which you would consider:			In case of accident, notify:		Phone
Full Time	Part Time	Temporary			()
Are you willing to work overtime? Yes			Are you employed now? Yes		If so, Date available
			No Explain:		No

EDUCATION AND TRAINING					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	# YEARS COMPLETE D	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				Yes No	
COLLEGE / UNIV				Yes No	
COLLEGE / UNIV				Yes No	
TRADE SCHOOL				Yes No	
APPRENTIC E SCHOOL				Yes No	

List any other education, training, special skills, or certifications / licenses that you possess: _____

List any machined or equipment that you are qualified and experienced at operating: _____

EXPERIENCE - List the last 10 years work experience beginning with most recent.

Company Name	Type of Business	Phone No. ()
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May we contact ? Yes No	Employed Full Time/ Part Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	
Company Name	Type of Business	Phone No. ()
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May we contact ? Yes No	Employed Full Time/ Part Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	
Company Name	Type of Business	Phone No. ()
Address	Employed (Month and Year) From	To
Name and Title of Supervisor	May we contact ? Yes No	Employed Full Time/ Part Time
State Last Job Title and Describe Your Work	Wages Starting	Last
	Reason for Leaving	

Have you had any other experiences or qualifications in addition to those indicated above which relate to the job for which you are applying? If so, please describe:

REFERENCES - List business persons known, but not related to you, other than listed above

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
1				
2				
3				

ADDITIONAL EMPLOYMENT - RELATED INFORMATION

List any relatives or friends working for this organization:	Name	Relationship

Can you verify your legal rights to work in the US by providing a birth certificate, proof of US citizenship, or by some other means? Yes
No

Do you have any physical or mental condition or disability which precludes or limits your ability to perform the job(s) for which you are applying? Yes
No

If "yes", please explain and describe whether there is any method or appliance which can overcome the condition or disability to enable you to perform the job: _____

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes
No

If "yes", please describe in full detail: _____

LIST PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS

Street, Address, City, State, Zip	From	To
Street, Address, City, State, Zip	From	To
Street, Address, City, State, Zip	From	To

Additional Remarks: _____

APPLICANT'S CERTIFICATION - Please read carefully before signing.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

I authorize you to communicate with those employers I designated, school officials and persons named as references concerning my skills, character, and responsibility.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice and that my employment will not be governed by any expressed or implied contract but is at-will.

SIGN _____

DATE _____

Attach notes or resume on next page

