

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13+

SCHOOLS ATTENDED

Name	City/State	Dates*	Did you Graduate?

Are you planning on pursuing further education? Yes___ No___. If so, when, where and what courses? _____

Other special training or education

*The Age Discrimination in Employment Act prohibits discrimination against employees and applicants for employment who are 40 years of age or older on the basis of age.

JOB RELATED SKILLS

Are you fluent in English? Yes___ No___ Spanish? Yes___ No___
Any other languages? Yes___ No___ If so, which ones? _____
Do you have a valid driver's license(s)? Yes___ No___ If so,

Type	State	#

Are you experienced on:
Use computers? Yes___ No___
If yes, list types (equipment and software): _____

Do you hold any trade or craft certification? Yes ___ No _____. If so, which one(s)? _____

SECURITY

In which states have you lived in the past 10 years? _____
Have you used any names or Social Security numbers other than those listed on the first page of this application? Yes___ No___ If so, please list them: _____
Have you been convicted of and/or served prison time and/or probation for a Class B Misdemeanor or greater in the last 10 years? Yes___ No___ If so, describe below:

Date	City/State	Charge

EMPLOYMENT HISTORY

Have you ever applied to this Company before? Yes____ No____ If so, when? _____

Have you ever been employed by this Company before? Yes____ No____ If so, when? _____

Are you related to any current employees of this Company? Yes____ No____ If so, whom? _____

FORMER EMPLOYERS

Note: List all employers you have had in the last 10 years, starting with the current or most recent one first. Include part-time and temporary employment and any military service. Account for all periods of inactivity.

Name _____ Phone () _____
Address _____
Dates of Employment _____ to _____ Wage/Salary _____
Last Job Title _____ Duties _____
Supervisor's Name _____ Reason for leaving _____

Name _____ Phone () _____
Address _____
Dates of Employment _____ to _____ Wage/Salary _____
Last Job Title _____ Duties _____
Supervisor's Name _____ Reason for leaving _____

Name _____ Phone () _____
Address _____
Dates of Employment _____ to _____ Wage/Salary _____
Last Job Title _____ Duties _____
Supervisor's Name _____ Reason for leaving _____

Name _____ Phone () _____
Address _____
Dates of Employment _____ to _____ Wage/Salary _____
Last Job Title _____ Duties _____
Supervisor's Name _____ Reason for leaving _____

Note: Continue on additional sheet of paper if necessary.

REFERENCES

You must provide at least three references. Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/ Relationship

HEALTH

Are you able to perform the duties of the job(s) for which you are applying, with or without accommodation? Yes _____ No _____ Accommodation needed _____

ACKNOWLEDGMENT AND RELEASE
(IMPORTANT- READ CAREFULLY)

1. I certify that the answers given by me in this Application are true and complete to the best of my knowledge and understand that any false or misleading information given on this Application may result in rejection of my application or discharge at any time during my employment.
2. I authorize the Company to investigate all statements made by me, and to contact all persons, companies, governmental agencies and schools named by me in this Application; I authorize all such persons, companies, governmental agencies and schools to provide all information known to them requested by the Company concerning my employment history, character and qualifications; and I hereby release and forever discharge all search persons, companies, governmental agencies and schools from any and all claims or causes of action, State or Federal, at equity or common law, including claims for defamation or invasion of privacy, which might otherwise have against them for providing such information.
3. I understand that in processing this Application the company may request that an investigative consumer report be prepared which may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to request that the company completely and accurately disclose to me the nature and scope of the investigation requested, if I make such request in writing to the human resources department within a reasonable time after completing the application.
4. I understand that prior to final employment with the Company, I may be required to submit to and pass various examinations, including an aptitude examination, a background questionnaire and a comprehensive medical examination, including a drug and alcohol screening procedure, and that failure to submit to and/or pass such exams will be grounds for not hiring or terminating me.
5. I understand that I may be given uniforms, merchandise, and equipment or entrusted with monies or other valuable property, and that in the event I fail to return and/or properly account for such monies and property, the company is authorized to deduct or withhold my salary or wages up to the value of the monies or property owed by me.
6. I understand that if I am employed by the company I may resign at any time and that my employment may be terminated at anytime, without cause or notice. I understand that no representative of the company other than the President has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President or it is not binding on the Company.
7. I understand that this Application will be considered active for up to 45 days. If I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

Applicant

_____/_____/_____
Date

COMPANY USE ONLY

Interviewed by _____ Date _____

Interviewer's Remarks _____

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions without regard to race, color, national origin, sex, religion, age, marital or veteran status, the presence of a non-job related medical condition, disability, or any other legally protected status.

Date: _____

Positions applied for: _____

Referral Source: _____ Advertisement _____ Employee _____ Relative _____ Walk-in
_____ School _____ Government Employment Agency
_____ Private Employment Agency _____ Other _____
Name of Source (if applicable) _____

Applicant's Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

As required, we comply with government regulations including Affirmative Actions obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One: Male _____ Female _____

Check One: Hispanic _____ Black _____ White _____
American Indian _____ Asian/Pacific Islander _____

Check any of the following which apply to you: Vietnam Era Veteran _____
Disabled Veteran _____
Disabled Individual _____
