

# APPLICATION FOR EMPLOYMENT

## APPLICANT INFORMATION

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET APT/UNIT # CITY STATE ZIP

HOME PHONE: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ CELL PHONE: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ "QVJ GT: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?: YES NO

DATE AVAILABLE "VQ"UVCTV: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LOCATIONS DESIRED: \_\_\_\_\_

SALARY DESIRED: \_\_\_\_\_/HR DAYS/HRS AVAILABLE: S M T W T F S  1<sup>ST</sup> SHIFT  2<sup>ND</sup> SHIFT  3<sup>RD</sup> SHIFT  
(check all that apply)  WEEKENDS  FULL TIME  PART TIME

POSITION DESIRED: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO

DO YOU HAVE RELIABLE TRANSPORTATION: YES NO IF YES, SPECIFY TYPE: CAR  BUS  OTHER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

AS A CONDITION OF EMPLOYMENT, WOULD YOU SUBMIT TO A DRUG TEST FOR USE OF ILLEGAL DRUGS? [ ] ES "\*\*\*\*\*"PO

IS THERE ANY REASON YOU CANNOT PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, WHEN? \_\_\_\_\_  
(CRIMINAL CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT)

## EDUCATION. Check highest level of education.

GED  HIGH SCHOOL  SOME COLLEGE  AA/AS  BA/BS

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

We are an Equal Opportunity Employer without discrimination due to race, sex, national origin, disabilities, or any other condition as provided by law. Please be advised that we promote a "drug free work environment" and all applicants will be screened for the use of illegal drugs. We may also perform a background check on all employees. Please initial to acknowledge that you have read and understand our drug screen and background check policies. \_\_\_\_\_.

## APPLICANT WORK EXPERIENCE

1) NAME OF COMPANY: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ \$/HR: \_\_\_\_\_  
 PHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 DATES: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: \_\_\_\_\_  
 POSITION: \_\_\_\_\_

2) NAME OF COMPANY: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ \$/HR: \_\_\_\_\_  
 PHONE NUMBER: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
 DATES: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_  
 WAS THIS A TEMPORARY ASSIGNMENT? Yes No NAME OF AGENCY: \_\_\_\_\_  
 POSITION: \_\_\_\_\_  
 WHAT ARE YOUR PAY RATE EXPECTATIONS?: \_\_\_\_\_

## REFERENCES: Give the names of three people not related to you.

NAME	ADDRESS AND PHONE	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICANT – DO NOT WRITE BELOW THIS LINE

INTERVIEWER COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TEST RESULTS: MATH \_\_\_\_\_% COMP \_\_\_\_\_% SPELLING \_\_\_\_\_% FILING \_\_\_\_\_% SAFETY \_\_\_\_\_%  
 DATA ENTRY \_\_\_\_\_KPM TYPING \_\_\_\_\_WPM WORD \_\_\_\_\_% EXCEL \_\_\_\_\_% OTHER \_\_\_\_\_

MINIMUM RATE: \_\_\_\_\_

BILINGUAL: YES  NO  IF YES, SPECIFY: \_\_\_\_\_

DRUG TEST: YES  NO  DATE: \_\_\_\_\_