



APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available				Desired Salary					
Position Applied for									
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Do you have any friends or relatives who work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Name				Relation					
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?						

EDUCATION

High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES*Please list two professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

NOTE TO APPLICANTS

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire/examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

Initials _____

DISCLAIMER

I understand that, if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

I certify that all information given on this employment application, resume, and any other documentation that I submit to the company are true and correct. I understand the company will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during such investigation. I understand that falsification of any information given by others or derogatory information discovered during an investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during an investigation.

Initials _____

DRUG TESTING OF APPLICANTS

We Are A Drug Free Workplace

All job applicants for this company will undergo a pre-screening for the presence of illegal drugs as a condition for employment. Any applicant with a positive test result will be denied employment at that time.

Initials _____

Signature of Applicant

Date