

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Equal access to programs, services, and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) applied for _____

Referral Source Advertisement Government Employment Agency Private Employment Agency
 Walk-In Employee Relative Other _____

Name _____
Last First Middle Social Security Number

Address _____
Street City State Zip Code Telephone Number

If you are under 18 and it is required, can you furnish a work permit? Yes No

In no, please explain _____

Have you submitted an application here before? Yes No If Yes, give date(s) _____

Have you ever been employed here before? Yes No If Yes, give date(s) _____

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No If yes, please

provide date(s) and details. (Answering "Yes" to these questions does not constitute an automatic bar to employment.

Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.) _____

Driver's license number, if driving is an essential job function # _____ State _____

EDUCATIONAL BACKGROUND – List high school, college, or trade/vocational school.

SCHOOL/CITY AND STATE	YEARS ATTENDED	DEGREE/DIPLOMA/ MAJOR

Skills and Qualifications (special training, skills, licenses, and/or certificates that may qualify you as able to perform job-related functions in the position for which you are applying.) _____

REFERENCES – List 3 people who you are not related to and who have known you for at least one (1) year.

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

EMPLOYMENT HISTORY – Please explain any gaps in employment in the comments section below.

Job Title			Dates Employed	From	To
Employer			Address		
Hourly or Wage	Starting \$	Per	Ending \$	Per	
Summarize type of work performed and job responsibilities					
Reason for Leaving					
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Comments					

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Comments					

I give the employer the right to contact and obtain information from all references, employers, schools, and to verify the accuracy of the information contained in this application. I hereby release the employer and its representatives from liability seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement of contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary.

I have read and fully understand the above and seek employment under these conditions.

Signature of Applicant _____ Date _____

**ACKNOWLEDGMENT AND RELEASE
FOR ALCOHOL/DRUG/SUBSTANCE ABUSE
POLICY AND TESTING PROGRAM**

I have been told and understand that my employer has a policy whereby employees using or under the influence of alcohol or chemical substances during working hours may be immediately discharged.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours. I may be required and will submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that positive results of this test can effect my eligibility for workers' compensation benefits.

I further understand that employment and continued employment depends upon my agreement to submit at any time and without prior notice to a drug/alcohol screen. I further understand that refusal to submit voluntarily to such tests or the detection of the presence of alcohol or drugs by such a test will result in my immediate discharge.

This policy has been read to me and I fully understand it.

Name: _____

Date: _____

Witness: _____

Date: _____

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests which indicate the presence of alcohol or chemical substances in my body.

I agree that a photostat of this authorization be accepted if necessary.

Name: _____

Date: _____

Witness: _____

Date: _____