

## APPLICATION FOR EMPLOYMENT

Please complete the following application in its entirety. All employment decisions are made pursuant to a policy of providing equal employment opportunities without regard to race, color, religion, national origin, ancestry, marital status, sex, age, physical or mental handicaps or disability. Your application will be considered with others who have also applied for the position in which you are interested. In order for full consideration to be given to your application, all questions must be answered.

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_  
 Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Shift Desired: 1st Shift \_\_\_\_\_ 2nd Shift \_\_\_\_\_ 3rd Shift \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Middle) Social Security #  
 Present Address \_\_\_\_\_  
(Number and Street) City State Zip Code  
 Telephone: ( ) \_\_\_\_\_ Message Phone: ( ) \_\_\_\_\_  
(Include area code) \*

Are you over eighteen years of age? \_\_\_\_\_

Have you ever been convicted by any court of a crime other than a minor traffic violation? Yes ☐ No ☐

The applicant shall note that the existence of a conviction will not necessarily disqualify applicant from the position applied for herein.

If you are selected for employment, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire.

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_\_\_

How did you learn of this position?

Newspaper \_\_\_\_\_ Job Referral Service \_\_\_\_\_

Referred By Another Employee \_\_\_\_\_

(Name of Employee \_\_\_\_\_)

Other \_\_\_\_\_

### EDUCATION:

NAME OF SCHOOL AND ADDRESS	GRADUATED		NUMBER OF COLLEGE CREDIT HOURS	MAJOR	AVERAGE
	YES	NO			
JUNIOR HIGH					
HIGH SCHOOL					
COLLEGE					
OTHER					

DATE AVAILABLE TO START								
DAYS AND HOURS AVAILABLE TO WORK	DAY FROM TO	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## EMPLOYMENT HISTORY AND INFORMATION

LIST ALL FORMER EMPLOYERS WITHIN LAST 10 YEARS AND POSITION:

(Please list most recent employer first and account for any gaps in employment.)

Presently employed applicants should indicate each promotional level of employment in a separate block.	Length of Employment
Company Name: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Job Title: _____ Specific Duties: _____ _____ Reason for seeking other employment: _____	From _____ Mo.      Year To _____ Mo.      Year Last Salary _____
Company Name: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Job Title: _____ Specific Duties: _____ _____ Reason for leaving: _____	From _____ Mo.      Year To _____ Mo.      Year Last Salary _____
Company Name: _____ Address: _____ Telephone Number: _____ Supervisor: _____ Job Title: _____ Specific Duties: _____ _____ Reason for leaving: _____	From _____ Mo.      Year To _____ Mo.      Year Last Salary _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, PLEASE EXPLAIN: _____
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Can you perform the essential functions of the position?    \_\_\_\_\_ yes    \_\_\_\_\_ no

If no, please indicate what may be done to accommodate your limitations. \_\_\_\_\_

Are you now or have you ever been employed by any facility, location, or subsidiary of this company?

If so, in what capacity? \_\_\_\_\_

Name and Address of Location \_\_\_\_\_

Are you related to anyone in our employment? If yes, state name, position and location: \_\_\_\_\_

Can you operate a personal computer?    \_\_\_\_\_ yes    \_\_\_\_\_ no

List any other business office skills you possess (eg. bookkeeping, typing, clerical, computer software skills, etc.):

\_\_\_\_\_

\_\_\_\_\_

Do you currently hold a valid professional license or certification? \_\_\_\_\_

If yes, note Type(s):

Administrator

R.N.

CNA

L.V.N./L.P.N.

Other

\_\_\_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Are you currently attending School: \_\_\_\_\_ If yes, Where: \_\_\_\_\_

What subject(s) of special study or research work are you, or have you pursued? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. (You may omit those which indicate your race, religious creed, color, national origin, ancestry, physical or mental disability, sex or age).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant shall note that an offer of employment will be contingent on a job-related physical examination at the Company's expense.

Additional information or comments to help us better evaluate your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES:

List the names/address/phone of individuals who have firsthand knowledge of your abilities, experience and work habits.

\_\_\_\_\_

Name	Address	Day Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work
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\_\_\_\_\_

Name	Address	Day Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work
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\_\_\_\_\_

Name	Address	Day Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work
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I hereby certify that all of the information set forth herein is true and correct. I understand that discovery of any false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I authorize investigation of any factual statements supplied on the application including a criminal background check, and hereby release my present and past employer and named references from any damages that may result from furnishing said information. I also do hereby consent to a medical examination by a physician at the company's request and expense. I acknowledge that if I am hired, my employment may be terminated at any time either by me or my employer, with or without cause, for any reason or no reason.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND ITS TERMS.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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**FOR COMPANY USE ONLY**

**IF EMPLOYED**

STARTING DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
REVIEW DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
SHIFT: \_\_\_\_\_ FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_  
EMPLOYMENT EXPERIENCE VERIFIED? \_\_\_\_\_

	DATE	ACTION	RESULTS
1. INTERVIEW			
2. REFERENCE CHECK #1			
REFERENCE CHECK #2			
REFERENCE CHECK #3			
3. PHYSICAL			
4. JOB OFFER			
5. I-9 DOCUMENTATION			
6. ORIENTATION			

DOC/AFE