

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 1ST SHIFT 2ND SHIFT 3RD 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: _____