

# Application For Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number(s) \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver license number \_\_\_\_\_ State \_\_\_\_\_  
License ever suspended? No \_\_\_\_\_ Yes/Date/Reason \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Limitations: Mental/Physical \_\_\_\_\_

Medications \_\_\_\_\_

History of Drug/Alcohol dependency No \_\_\_\_\_ Yes \_\_\_\_\_  
Rehabilitation dates \_\_\_\_\_

Convicted of a Crime No \_\_\_\_\_ Yes \_\_\_\_\_  
Type \_\_\_\_\_  
Incarceration dates \_\_\_\_\_

Emergency Information  
Name of Person \_\_\_\_\_  
Relationship \_\_\_\_\_  
phone number(s) \_\_\_\_\_

Is there any information we would need about your name or use of another name for us to be able to check your work records? Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity(valid driver's license, birth certificate,Green Card,etc) within 3 days of hired Failure to submit will result in immediate employment termination.

Signature \_\_\_\_\_

## Educational History

	School Name/Location	Years Completed	Degree/Diploma
High School	_____	_____	_____
College	_____	_____	_____
Tech. Training	_____	_____	_____
Other	_____	_____	_____

## Employment Record *(please include all employment for the last three years)*

1 \_\_\_\_\_  
Company Name (Current or Most Recent) Position \_\_\_\_\_

\_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Wage \_\_\_\_\_  
Manager/Supervisor \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2 \_\_\_\_\_  
Company Name Position \_\_\_\_\_

\_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Wage \_\_\_\_\_  
Manager/Supervisor \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3 \_\_\_\_\_  
Company Name Position \_\_\_\_\_

\_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Wage \_\_\_\_\_  
Manager/Supervisor \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**References**      *(Please do not include relatives)*

1	_____	_____
	Name	years known
	_____	_____
	Address	Telephone
	_____	
	Occupation	
2	_____	_____
	Name	years known
	_____	_____
	Address	Telephone
	_____	
	Occupation	
3	_____	_____
	Name	years known
	_____	_____
	Address	Telephone
	_____	
	Occupation	

**Work Availability**

If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_

- |  |         |        |
|--|---------|--------|
| Do you have any objection to working overtime? | ( ) Yes | ( ) No |
| Can you work overtime without prior notice     | ( ) Yes | ( ) No |
| Can you work on Saturday                       | ( ) Yes | ( ) No |
| Can you work on Sunday                         | ( ) Yes | ( ) No |
| Can you work on Holidays                       | ( ) Yes | ( ) No |
| Are you willing to be "on call"                | ( ) Yes | ( ) No |
| Can you travel if required                     | ( ) Yes | ( ) No |