

EMPLOYEE APPLICATION

Applicant Instructions

If you need help filling out this application form for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. **1.** Please read "APPLICANT NOTE" below. **2.** Complete both sides of this page. **3.** If more space is needed to complete any question, use the comment section at the bottom of this page. **4.** Print clearly, incomplete or illegible applications will not be processed. **5.** Some packets may include an Affirmative Action Questionnaire. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire. **6.** DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

Applicant Note: This application form is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related-skills and for the presence of drugs in your system may be required prior to employment. You will be required to complete a medical history form.

TODAY'S DATE _____ Are you of 18 years or older? Yes No

NAME: _____

SOCIAL SECURITY NUMBER: _____ FIRST PHONE NUMBER: _____ MI _____

CURRENT ADDRESS: _____

PRIOR ADDRESS: _____

Availability: For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full Time Part-time Temporary Labor Pool

For which schedule are you available? Weekdays Weekends Evenings Overtime Other _____

Available for out-of-town work Yes No

Are you currently a student? If so, what is your availability? _____

Job-Related Skills: NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type _____ State of Issue _____

Yes No If you have a CDL, have you tested positive for a drug test in the last 3 years?

Yes No Have you had any moving violations? Please describe. _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodations?
List languages in which you are fluent. _____

Security: List states and countries of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than given to you? If so, please list below in the Comments section.

Yes No Have you been convicted of, or served time for a felony? If so, Please describe in the boxes below. (In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

Previous Employers: PLEASE NOTE your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE US, A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Phone ()
 Fax ()

COMPANY NAME ADDRESS CITY STATE ZIP

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

DUTIES

_____ PER _____
 SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

May we contact employer for reference? Yes No

SECOND MOST RECENT EMPLOYER

Phone ()
 Fax ()

COMPANY NAME ADDRESS CITY STATE ZIP

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

DUTIES

_____ PER _____
 SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

May we contact employer for reference? Yes No

THIRD MOST RECENT EMPLOYER

Phone ()
 Fax ()

COMPANY NAME ADDRESS CITY STATE ZIP

FROM _____ TO _____
 DATES EMPLOYED JOB TITLE SUPERVISOR NAME

DUTIES

_____ PER _____
 SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING

References: Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN	RELATION
1.			
2.			

Education: Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	GRADUATE	DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

Certification and Release: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions for misrepresentations of fact call for the application may result in rejection of my application or discharge at any time during my employment. I authorize all former employer, persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the company policy requires, I am willing to submit to drug testing to detect the use illegal drugs prior to and during employment.

SIGNATURE	DATE
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