

FOR OFFICIAL USE ONLY

EMPLOYMENT APPLICATION

Application Accepted	Dept.	Clock No.
Application Filed	Occupation	Rate

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Last Name			First	Middle	Date
Street Address					Social Security No.
City					Home Phone ()
State			Zip		How Long at Present Address?
Position Applying For					Wages Expected
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s) <input type="checkbox"/> No					Department
List any relatives or friends working for this organization			Name	Relationship	
In case of accident notify					Phone ()

EDUCATION	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate	Diploma or Degree
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE OR BUSINESS SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you served an apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type or Trade	How Long?
Where did you serve?	When did you serve?	

Mechanical and/or Technical Experience (Describe any and all qualifications): _____

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.)

Yes No

If "Yes," please describe in full detail: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes No

Do you have any physical or mental condition or disability which precludes or limits your ability to perform the job(s) for which you are applying?

Yes No

If "Yes," please explain and describe whether there is a method or appliance which can overcome the condition or disability to enable you to perform the job: _____

EXPERIENCE — List Present and Former Employers for last 10 years beginning with most recent.

NAME AND ADDRESS OF COMPANY	SUPERVISOR	DESCRIBE YOUR WORK	LAST WAGES	DATE		REASON FOR LEAVING
				STARTED	LEFT	

May we contact the above employers? Yes No If "No," indicate which one(s) you do not wish us to contact.

Additional Remarks: _____

APPLICANT'S CERTIFICATION — Please read carefully before signing.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

Applicant's Signature _____

Date _____

DO NOT WRITE BELOW — FOR COMPANY USE ONLY

Interview? Yes No

Date _____

Hour _____

Results of Interview: _____

Acceptable for Employment? Yes No Starting Rate _____ Starting Date _____ Shift _____

Interviewed By _____

Date _____

Approved By _____

Date _____