

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or 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"
2. Complete both sides of this form.
3. If more space is needed to complete
4. Print clearly; incomplete or illegible applications will not Be processed.
5. Some packets may have an attached 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 UNTIL INSTRUCTED

TODAY'S DATE _____

NAME _____
LAST FIRST MI

SOCIAL SECURITY NUMBER _____

HOME PHONE: _____ WORK _____

CURRENT ADDRESS _____
STREET CITY STATE ZIP

PRIOR ADDRESS _____
STREET CITY STATE ZIP

APPLICANT NOTE This application form is intended for use in evaluating your qualifications 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 applicant will receive consideration without discrimination because of sex, marital status race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company

AVAILABILITY For which position are you applying?

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary
 Laborpool

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

EDUCATION Please circle the highest grade completed 7 8 9 10 11 12 13 14 15

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

SECURITY List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back

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

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent _____

Yes No If the job requires, do you have the appropriate valid drivers license?
 DL# _____ Type _____ State of Issue _____

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?

EMPLOYMENT REFERENCES

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 you need.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME	CITY	STATE	() PHONE NUMBER
FROM DATES EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, may we contact?
COMPANY NAME	CITY	STATE	() PHONE NUMBER
FROM DATES EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently working for this employer?
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COMPANY NAME	CITY	STATE	() PHONE NUMBER
FROM DATES EMPLOYED	TO	JOB TITLE	SUPERVISOR NAME
DUTIES			
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING	

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

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the foregoing 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 or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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