

Employment Information & Application

It is the policy of this employer named above (the "Company") to offer equal employment opportunities to all qualified applicants and employees without regard to race, color, age religion, sex, sexual orientation, national origin, marital status, disability, veteran status, or any other characteristics protected by law. This policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, conditions and privileges of employment and other terms. Applicants are encouraged to request any reasonable form of accommodation that may be required to participate in the application process.

APPLICANT / EMPLOYEE INFORMATION			
Last Name:	First:	M.I.:	Date:
Mailing Address:		Apt./Unit #:	
City:	State:	Zip:	
Home Phone:	E-Mail Address:		
Cell Phone:	Date Available:	Desired Salary:	

Position Applied For:
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied or worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?
What days are you available? Check all that apply: Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>

EDUCATION	
High school:	Address:
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
College:	Address:
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Other:	Address:
# of Years _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	

REFERENCES	
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

PREVIOUS EMPLOYMENT	
Company:	Phone: ()
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company:	Phone: ()
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company:	Phone: ()
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for leaving:
May we Contact Previous Supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE:	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than "honorable", explain:	

DISCLAIMER AND SIGNATURE:

I certify that all information on this application / information form and any other material provided in conjunction with my application are true and complete and I understand that any misrepresentation or omission of information may disqualify me from employment consideration, and will be considered justification for dismissal whenever discovered if I am employed.

I hereby authorize the Company and its authorized agents to contact persons, educational institutions, employers, and other organizations including, but not limited to those named herein (and in my resume, if any) regarding any information I provide or that may be relative to my employment, and I hereby consent to their providing job related or other relevant information about me and I release the referring person(s) and/or organization and the Company and its agents from any damage or liability that may arise from the utilization of such information.

I understand that if I am hired, I will be required to conform to the policies and procedures maintained by the Company. Further, I understand that the Company follows an "employment at-will" policy, and that in the event I am hired, the Company or I may terminate the employment relationship at any time, for any reason, with or without prior notice and that this "employment at-will" policy cannot be changed unless the change is specifically authorized in writing by the owner or president of the Company. I further understand that this application is not a contract of employment, or a contract with respect to the terms of employment.

Signature: _____ Date: _____