

Employment Application

Personal Information

Name (Last, First, MI)	Social Security Number	Date
Street address		
City, State, Zip		Home phone number

Employment Desired

Position applied for	Desired hours (full time, part time, etc.)
Date available for work:	How did you hear about this position?

Employment History

List below all present and past employers over the past seven years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? Yes No

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
Address			1.
City, State, Zip	Starting Salary	Ending Salary	2.
Phone number			3.
Supervisor	Job position		4.
Reason(s) for leaving			

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Education

	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position:

Foreign Languages

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Additional Information	
Identify formal job training that relates to this position:	
If you are hired, what value would you add to our company?:	

INSTRUCTIONS FOR ANSWERING THE FOLLOWING QUESTIONS

- All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
- California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
- Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.
- District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
- Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.
- Massachusetts applicants: Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, speeding, a minor traffic violation or disturbing the peace. Applicants with a sealed record on file with the Massachusetts Commissioner of Probation may answer "No Record" with respect to: 1) all inquiries relating to prior convictions or arrests; 2) misdemeanor convictions older than five (5) years; and 3) first time convictions for simple assault, drunkenness, speeding, minor traffic violations or disturbing the peace.
- Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
- New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.
- North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.

Have you ever been employed with this company before? If Yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any friends or relatives employed by this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide their names and relationship to you: _____		

If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any bond coverage modified, revoked or declined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

<i>List below three persons not related to you who have knowledge of your work performance within the last 5 years</i>		
Name	Occupation	
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name	Occupation	
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name	Occupation	
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Please read each statement closely and initial each acknowledging your understanding

_____ **Equal Employment Opportunity Statement:** This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_____ **Discrimination and Sexual Harassment Policy Statement:** This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ **Disclosure to Applicants Concerning Drug/Alcohol Testing:** If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_____ **Complete and Accurate Information:** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **At-Will Employment:** I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

_____ **Testing Authorization:** If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

_____ **Investigation Authorization:** I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

_____ **Company Obligation:** I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date