## Application for Employment



**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name	MIDDLE	FOR OFFICE USE ONLY:
Address		
CITY STATE ZIP CODE Phone ( )		Applicant number
Social Security #		Employee number
Position applied for		Position
Shift preferred		Hire date/ Rate
Special training or skills (languages, machine operation, et benefit you in the job for which you are applying:	<i>'</i>	Class Skill Other
Would you accept full-time work? ☐ Yes ☐ No Would you accept part-time work? ☐ Yes ☐ No		Notes
On what date would you be available for work?		Attachments:
If yes, dates:		Resumé
Are you legally eligible for employment in the United State (If yes, proof is required if hired.)  Yes No  If you are under 18 years old, can you provide a work perm	es?	<ul> <li>□ Applicant reference check</li> <li>□ Applicant interview</li> <li>□ Payroll change notice</li> <li>□ Employee data card</li> </ul>
☐ Yes ☐ No		
Educational Background		
High School:		Location
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma
College:		Location
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma
Graduate School:		Location
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma
Vocational Training/Other:		Location
Course of study	Did you graduate?	☐ Yes ☐ No Degree or diploma
Continuing Education:		

## **Employment Experience**

## Place an X by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

	Employer	Contact Name
	Address	Phone ()
	Job Title	
	Dates employed: from (mm/yy) to (mm/yy)	Hourly rate/salary: starting/final/
	Reason for leaving	
$\Box$	Employer	Contact Name
ш		Phone (
	Job Title	
	Dates employed: from (mm/yy) to (mm/yy)	
	Reason for leaving	
	Employer Contact Name	
_	Address	Phone ()
	Dates employed: from (mm/yy) to (mm/yy)	
	Reason for leaving	
	Employer	Contact Name
	Address	Phone ()
	Job Title	
	Dates employed: from (mm/yy)/ to (mm/yy)/	Hourly rate/salary: starting/final/
_	Reason for leaving	
	misrepresentations are discovered, my application may be rejected, and if I am employed If hired, I agree to conform to the company's rules and regulations, and I understand employment either expressed or implied, and I agree that my employment and comptime, at either my or the company's option.  I also understand and agree that the terms and conditions of my employment may be company. I understand that no company representative, other than its president, and any agreement for employment for any specific period of time, or to make any agree I expressly authorize, without reservation, the employer, its representatives, employers professional), employers, public agencies, licensing authorities and educational in	d that these rules and/or the employee handbook do not form a contract of pensation can be terminated, with or without cause and with or without notice, at any one changed, with or without cause and with or without notice, at any time by the did then only when in writing and signed by the president, has any authority to enter into ement contrary to the forgoing. In loyees or agents to contact and obtain information from all references (personal and institutions and to otherwise verify the accuracy of all information provided by me diclaims I may have regarding the employer, its agents, employees or representatives, lawful manner, in the employment process and all other persons, corporations or usion of that time, if I have not heard from the employer and still wish to be

