

*Equal
Opportunity
Employer -
We consider
applicants
without regard
to race, color,
religion, creed,
gender,
national origin,
age, disability,
veteran or
current
military status,
or any other
legally
protected
status.*

EMPLOYMENT APPLICATION

Date of Application:	Availability Date:
Salary Desired:	Minimum Salary:
Position Applying For:	Other Positions Desired:

Last Name		First Name		Middle Name	
Present Address:	Number	Street	City	State	Zip
Home Phone:		Business Phone:		E-mail	Cellular or Pager:
Emergency Contact:		Driver's License Number and State		Social Security Number	
Phone:					

Have You Applied Before? Y / N	What Position(s)?	When?
Have You Ever Worked for here Before? Y / N	What Position(s)?	When?

Type of Employment Desired:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/>		
Are You Available to Work Any Shift?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You Available to Work Weekends?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will You Work Overtime if Asked?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can You Travel If a Job Requires It?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You At Least 18 Years of Age?		
If you are under 18 years of age, you must provide required proof of your eligibility to work.		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are You A U.S. Citizen?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, are you authorized to work in the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Citizenship (All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U.S.)		
Have You Ever Been Convicted of a Felony?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
A conviction will not automatically disqualify you from employment.		
If yes, state the offense, location, date and disposition:		
Do You Have Any Friends and/or Relatives That Work here? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, who?: _____		
How Did Your Hear About the Position? _____		

EDUCATION

Please complete the following about your educational background.

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE/ TECHNICAL				
MILITARY	BRANCH:	RANK:		
OTHER (SPECIFY)				

SPECIALIZED SKILLS

Please indicate any specialized skills you have.

INNOVATIVE SOFTWARE ____	WORD _____	SPECIALTY EQUIPMENT: (list)	OTHER:
INFINIUM SOFTWARE ____	POWERPOINT _____		
REPORT WRITER _____	ACCESS _____		
TYPING WPM _____	EXCEL _____		
DATA ENTRY _____	AS/400 _____		

ADDITIONAL QUALIFICATIONS/SKILLS/KNOWLEDGE/CERTIFICATES

Please state any additional information you feel may be helpful to us in considering your application.

Note to applicants: *DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in the job or occupation is attached.

YES ____

NO ____

EMPLOYMENT HISTORY

Please give full and part time employment. Start with your present or most recent employer.

Company Name:				Telephone Number: ()	
Address		City	State	Zip	Employed - (month/year) From: To:
Name of Supervisor:			May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		Start Pay: End Pay: Commission: Bonus:
Job Title: _____ Major Job Duties: _____ _____ _____					Reason for Leaving:

Company Name:				Telephone Number: ()	
Address		City	State	Zip	Employed - (month/year) From: To:
Name of Supervisor:					Start Pay: End Pay: Commission: Bonus:
Job Title: _____ Major Job Duties: _____ _____ _____					Reason for Leaving:

Company Name:				Telephone Number: ()	
Address		City	State	Zip	Employed - (month/year) From: To:
Name of Supervisor:					Start Pay: End Pay: Commission: Bonus:
Job Title: _____ Major Job Duties: _____ _____ _____					Reason for Leaving:

Company Name:				Telephone Number: ()	
Address		City	State	Zip	Employed - (month/year) From: To:
Name of Supervisor:					Start Pay: End Pay: Commission: Bonus:
Job Title: _____ Major Job Duties: _____ _____ _____					Reason for Leaving:

REFERENCES

Please list co-workers or supervisors who can comment on your work performance.

NAME	PHONE	COMPANY	YEARS ACQUAINTED

APPLICANT'S STATEMENT (Please read carefully before signing)

I certify that all information included in this application is correct and complete. I understand that falsification or omission on any part of this application form and/or attached resume or credentials, including any information submitted via electronic means, may result in denial of employment or if employed, dismissal, regardless of when discovered. This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize the Company to contact any and all corporations, former employer's, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to the Company. I release from all liability all persons, companies, schools supplying such information. I indemnify the Company against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment if hired. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

A copy of this application, including FAX transmissions, shall be considered as effective and valid as the original. By my submission of this application, I have read, understand and agree with this statement.

I understand that any employment relationship which might be established between me and the Company will be one of an "at will" nature and in which either the Company or I will be free to terminate at any time, with or without cause. Such "at will" status is not subject to change unless such change is specifically acknowledged in writing and signed by the President of the Company.

I understand that if my employment is terminated, whether by the company or on my own accord, I give my permission to the Company to provide information regarding my employment history, drug and alcohol results, etc. to other Companies. I release all parties involved in these reference checks from any and all liability for any and all damage that may result from providing such information.

Signature of Applicant

Date