



# JOB APPLICATION

We are an equal opportunity employer and committed to excellence through diversity.

## APPLICANT INSTRUCTIONS

If you need help filling 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" below.
2. If more space is needed to complete any question, use comment section on page 3 of this application.
3. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.

## 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 applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MI

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_  
STREET  
CITY STATE ZIP

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

This email is required. It may be used to send you your check stub as well as other sensitive information (via secured file) and it is used for communication between office personnel and yourself. Please do not use an email that is not yours. By signing this application, you are giving written consent to send personal information via email given.

## POSITION-SKILLS

When are you available to start? \_\_\_\_\_

For which schedules are you available?  Weekdays  Nights  Overtime  Full Time  Part Time

Yes  No Do you have a valid drivers license? \_\_\_\_\_  
DL# STATE TYPE

Yes  No Have you had any moving violations in the past seven years?

If yes, 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 \_\_\_\_\_

**PREVIOUS EMPLOYERS**

**MOST RECENT EMPLOYER**



Are you currently working for this employer? \_\_\_\_\_  
If yes, may we contact them? \_\_\_\_\_

COMPANY NAME	CITY	STATE	PHONE
FROM TO	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY PER	(HOUR,WEEK,MONTH)	REASON FOR LEAVING	

**SECOND MOST RECENT EMPLOYER**

COMPANY NAME	CITY	STATE	PHONE
FROM TO	JOB TITLE	SUPERVISOR NAME	
DUTIES			
SALARY PER	(HOUR,WEEK,MONTH)	REASON FOR LEAVING	

**THIRD MOST RECENT EMPLOYER**

COMPANY NAME	CITY	STATE	PHONE
FROM 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 or names of supervisors listed

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

**EDUCATION-** Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATED	DEGREE?
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

## COMMENTS

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## CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that 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, whether on this document or not, 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. I release all former employers, 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.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**FOR OFFICE USE ONLY:** Circle One Please

Field    Shop    Office

