

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender identity, national origin, age, disability, sex, sexual orientation, or any other legally protected status.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

*** **

Position(s) Applied For: _____

Date of Application _____

Please Print

How Did You Learn About Us?

- | | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

- | | YES | NO |
|---|--------------------------|--------------------------|
| Are you 18 or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally eligible to work in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a military veteran, please provide information regarding your military service: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| Have you ever been employed with us before: | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, give date | _____ | |
| Are you currently employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| May we contact your present employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| On what date would you be available for work? | _____ | |
| Are available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary | | |
| Are you currently on "lay-off" status and subject to recall? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a dependable means of transportation to and from work? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please explain _____ | | |

Criminal Record – To be completed by all Applicants

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

If you answer "yes" to any of the following questions, you must provide details on back:

- | | | |
|--|--------------------------|--------------------------|
| Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of a serious misdemeanor: | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Convictions will not necessarily bar you from employment. In making our decisions, we will consider the number, nature, seriousness, recency of the convictions, and the relationship of those convictions to the position for which you have applied.

Drug and Alcohol Information – To be completed by all Applicants

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the Employer. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

Education (to be completed by all Applicants)

	Name and Address of School	No. of Years Completed	Diploma/Degree
High School			
Undergraduate College			
Graduate Professional			
Other(Specify)			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title			
	Supervisor			
	Reason for Leaving			

Be sure to include an explanation for all gaps in time of employment.

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES _____ NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

MOTOR VEHICLE DRIVING RECORD

Please list type of equipment for which you have driving experience (i.e. dump truck, backhoe, etc).

State any special course or training that will help you as a driver: _____

If you answer yes to any of the follow questions, you must provide details on back:

Have you ever had an automobile accident? _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI)? _____

List all traffic conviction and guilty pleas, in the past 5 years, other than parking violations:

References

1.	_____	()
	(Name)	Phone #

	(Address)	
2.	_____	()
	(Name)	Phone #

	(Address)	
3.	_____	()
	(Name)	Phone #

	(Address)	

Applicant's Statement

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, that I may be terminated regardless of the date on which the Employer discovers the violation of its policy regarding application form dishonestly. In connection with my application for employment with the Employer, I expressly authorize the release to the Employer of any records or information which may refer or relate to my application for employment, included, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the Employer and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the Employer as part of my application for employment.

If I am offered and accept employment with the Employer, I understand that my employment is "At Will" and that my employment may be terminated at any time for any reason either by me or by the Employer.

Signature of Applicant

Date

