

# APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.*

APPLICANT INFORMATION										
Last Name		First		M.I.		Date				
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone (s)				E-mail Address						
Date Available			Last four digits of SSN	XXX - XX-		Desired Wage	\$			
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Type of Employment	Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>		Summer <input type="checkbox"/>		Temporary <input type="checkbox"/>			
EDUCATION AND OFFICE SKILLS										
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College or Trade School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Years of Typing Experience			Words Per Minute			Other Office Equipment Used	Printer <input type="checkbox"/> Copier <input type="checkbox"/> Fax <input type="checkbox"/> Scanner <input type="checkbox"/> Calculator <input type="checkbox"/>			
Computer Software and Hardware Experience										
EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT POSITIONS FIRST)										
Company					Phone					
Address					Name and Position of Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>		NO <input type="checkbox"/>							

**EMPLOYMENT HISTORY (CONTINUED)**

<b>Company</b>				Phone		
Address				Name and Position of Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES	NO	

<b>Company</b>				Phone		
Address				Name and Position of Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES	NO	

<b>Company</b>				Phone		
Address				Name and Position of Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES	NO	

**MILITARY SERVICE**

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

**DISCLAIMER AND SIGNATURE**

I certify that I have completed this application personally and to the best of my ability and understand that this application must be filled out completely or it will not be considered in determining my employment qualifications. I understand that if I provide information not specifically asked for on this application that the application may not be further considered. This application for employment shall be considered active for 45 days from the date it is signed. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. All of the information I provided is accurate and truthful to the best of my ability. I authorize investigation of all statements contained in this application for employment as may be necessary arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the EMPLOYER. I understand that, if offered a position, I will be required to complete a physical, drug testing and criminal background checks. These items will be completed at the cost of the EMPLOYER. A failure to complete any of these items may result in withdrawal of the offer of employment.

I understand that any employee relationship with this organization is of an "at will" nature, which means that I may resign at any time and the EMPLOYER may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I agree that any claim or lawsuit relating to my service with EMPLOYER or any of its subsidiaries must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature		Date	
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