

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

## Important — Please read:

Thank you for your interest in applying our company. We appreciate the fact that you're taking the time to complete this application. All applications will be given equal consideration regardless of race, age, sex, physical or mental disability. Sexual orientation, ancestry, pregnancy or other medical condition, marital status, color, religion, or national origin. Our policy requires that all persons interested employment complete a written application for a position which has been advertised or posted and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant. Individuals will not be considered applicants if they exclude the following information: 1) the position applied for and the date, 2) information required by law, including social security number and authorization to work in the United States, 3) a complete employment history including the name of the employer, dates, of employment, rate of pay and reason for leaving 4) signature of applicant.

## General Information

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER:( \_\_\_\_\_ ) - \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_

Please circle the appropriate response

If necessary, the best time to call you at home is: \_\_\_\_\_ May we leave a message on your answering machine? Yes / No

If you are under 18, can you furnish a work permit? Yes / No May we contact you at work? Yes / No

Have you filed an application at our company before? If so, when? Yes / No From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been bonded? Yes / No Are you eligible for employment in this country? Yes / No  
(Proof of U.S. citizenship or immigration status will be requested upon employment)

Are you willing to work overtime if required? Yes / No

Have you convicted felony in the last seven years? Yes / No If yes, please explain: \_\_\_\_\_

Driver's license number (if applying for delivery driver or sales position): Number \_\_\_\_\_ State: \_\_\_\_\_

Are you able to perform the essential functions of the job applied for, without reasonable accommodation? Yes / No  
(If the position is not presented by identified you need not reply)

If no, please explain: \_\_\_\_\_

## Educational background

	Name:	City:	State:	No. years Completed	Degree:	Course of study:
High School:						
College:						
Other:						

**Employment History**— Please note: Résumés are welcome, but cannot be used as a substitute for the information below. List your three most recent employers, starting with the most recent, including military experience. Please explain any gaps in employment in the comments section below.

Employer: \_\_\_\_\_ Dates Employed: From / / To / /

Summarize the nature of the work performed: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone Number: ( ) - \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Job Title: \_\_\_\_\_ Starting hourly rate/salary: \_\_\_\_\_ Final hourly rate/salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From / / To / /

Summarize the nature of the work performed: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone Number: ( ) - \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Job Title: \_\_\_\_\_ Starting hourly rate/salary: \_\_\_\_\_ Final hourly rate/salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From / / To / /

Summarize the nature of the work performed: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_ Telephone Number: ( ) - \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Job Title: \_\_\_\_\_ Starting hourly rate/salary: \_\_\_\_\_ Final hourly rate/salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Comments (including explanation of any gaps in employment): \_\_\_\_\_

Skills and Qualifications: Summarize customer service skills and qualifications acquired from employment another experience which may qualify you to work with our company.

**Please read and sign:**

I here by certify the information contained in this application is true and correct to the best of my knowledge and agree to have any of the information verified by the company unless I have indicated in writing to the contrary. I authorize the references listed above as well as all other individuals whom the company contacts to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, co-workers or representatives. I understand that any misrepresentation, falsification, or material omission of information this application may result in my failure to receive an offer, or if I am hired, my immediate dismissal from employment.

**In consideration of my employment, I agree to conform to the rules and standards, of our company from time to time at its discretion. I further agree that my employments and compensation can be terminated at will, with or without notice, at any time, either at my option or at the option of the company. I also acknowledged that no written or oral promise of employment for a specified term is effective unless expressly set forth in a documents signed by an officer of the company.** Our company is a an equal opportunity, community-based employer. Our company does not discriminate in employment and no question on this used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local state or federal law. This application is current for only (60) days. At the conclusion of this time, if I have not heard from the employment and still want to be considered for employment , it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_