



EMPLOYMENT APPLICATION

PLEASE READ BEFORE COMPLETING APPLICATION

Dear Applicant: Thank you for expressing an interest in interviewing for a position with our company. Our company has been in operation for 30 years and we have been using a style of management for the last 20 years called “management by statistics”. This management system has been instrumental in our continued growth as a company over these many years. As an employee you will be working under this management structure.

If you are considered for this position there is usually a 2 week working interview where at the end of the 2 weeks you will be evaluated on your job performance and then considered for an actual position with our company.

PLEASE INITIAL AS HAVING READ THE ABOVE _____

Last Name	First	Middle	Date
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Present Address	City	State	Zip Code
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Yrs at Above Address	Phone#	Email Address
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Driver License #	State	Exp. Date	SSN
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Position Applied For	Full or Part Time	Shift or Hours Preferred
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1. What are your wage expectations? Hourly\$_____ *(Please do not leave this blank.)*
2. If employed, would you be in a supervisory or subordinate relationship to any relative or member of you household? Yes_____ No_____
3. Can you fully and safely perform all the essential duties of the position for which you have applied? Yes_____ No_____

If “No”, can you perform the essential duties with reasonable accommodations?
Please explain:

4. If under 18 years of age, can you submit a work permit after employment?
Yes_____ No_____ N/A_____
5. Can you, after employment, submit verification of your legal right to work in the U.S.?
Yes_____ No_____
6. Have you been convicted of a felony? (NOTE: Conviction is not an automatic bar to employment)
If "yes", please explain_____

HIGH SCHOOL: _____

Name	No. of Years	Diploma Y/N
_____	_____	_____
Address _____		Major _____

COLLEGE: _____

Name	No. of Years	Diploma Y/N
_____	_____	_____
Address _____		Major _____

TRADE, PROFESSIONAL, ETC: _____

Name	Type of School
_____	_____
Address _____	No. of Years _____
Course Studied _____	Certified/Licensed? _____

MILITARY: _____

Service Branch	Specialty	Final Rank
_____	_____	_____

REFERENCES:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Beginning with most recent job, fully account for all time, including periods of unemployment, for the past ten years

1. _____/_____
Name of Company From (date) To (date)

Address Phone

_____/_____/_____/_____
Ending Pay Position Held Supervisor's Name Reason for Leaving

2. _____/_____
Name of Company From (date) To (date)

Address Phone

_____/_____/_____/_____
Ending Pay Position Held Supervisor's Name Reason for Leaving

3. _____/_____
Name of Company From (date) To (date)

Address Phone

_____/_____/_____/_____
Ending Pay Position Held Supervisor's Name Reason for Leaving

4. _____/_____
Name of Company From (date) To (date)

Address Phone

_____/_____/_____/_____
Ending Pay Position Held Supervisor's Name Reason for Leaving

5. _____/_____
Name of Company From (date) To (date)

Address Phone

_____/_____/_____/_____
Ending Pay Position Held Supervisor's Name Reason for Leaving

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand that falsification or omission of any material information on this application or in the interviewing process or in my resume, if I receive a job offer, may result in rejection of this application or immediate termination. I understand that this application will no

longer be active and will receive no further consideration once the position for which I am applying has been filled.

I agree to have any of the statements herein as well as my background investigated by the company or its agents. I understand that the background investigation may include, but is not limited to, reviewing my education, employment history and personal references. In consideration for reviewing my application and other related information, **I hereby waive and release your company,** its employees and agents, and all other entities and persons, and their respective employees and agents, from any claims I might have, including defamation and invasion of privacy, arising out of any verbal or written inquires and/or any verbal or written responses related to investigation of my background as well as the use or disclosure of such information.
Please initial _____

I agree that if employed, I will abide by all policies and procedures established by your company. **I understand that my employment will be “at will”. That means that I may resign at any time, and that the company may terminate my employment at any time, with or without cause.** I further understand that no employee or other representative of the company has the authority to make an agreement contrary to the foregoing unless it is writing and signed by the company president or owner.

Signature of Applicant

Date

Are you able to keep a regular work schedule and maintain a good attendance record?

How many days (if any) of work did you miss last year on your job?

Can you take instruction and constructive criticism on your work performance without getting upset or offended?