

# Application for Employment

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Shift preferred 1  2  3  Any

Special training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying: \_\_\_\_\_

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? No  Yes  Dates \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes  No  (If yes, proof is required)

Are you of legal age to work? Yes  No

## For Office Use Only

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes: \_\_\_\_\_

## Attachments

- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

## Educational Background

### Grammar School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

### High School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

### College:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

### Graduate School:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

### Vocational Training - other:

Name and location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_ Date \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_

## Previous Employers and Addresses

Place an  by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_