



# APPLICATION FOR EMPLOYMENT

**An Equal Opportunity  
Employer**

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you seeking: Full-time\_\_\_ Part-time\_\_\_ Temporary\_\_\_ employment?

When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Telephone Number

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
City    State    Zip Code

Are you 18 years of age or older? . . . . . Yes\_\_\_ No\_\_\_  
(If you are hired, you may be required to submit proof of age.)

Social Security # \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes\_\_\_ No\_\_\_

Have you ever applied here before?    Yes\_\_\_                      No\_\_\_                      If yes, when? \_\_\_\_\_

Were you ever employed here?        Yes\_\_\_                      No\_\_\_                      If yes, when? \_\_\_\_\_

Date of Birth: \_\_\_\_\_                      Driver's License # \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?    Yes\_\_\_    No\_\_\_

If yes, give details: \_\_\_\_\_

List names of employers in consecutive order with present or last employer list first. Account for all periods of time including military service and any periods of unemployment. **Note: A job offer maybe be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM—TO
CITY, STATE, ZIP CODE		SALARY:
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM—TO
CITY, STATE, ZIP CODE		SALARY:
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM—TO
CITY, STATE, ZIP CODE		SALARY:
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM—TO
CITY, STATE, ZIP CODE		SALARY:
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

**EDUCATION AND SKILLS**

**Number of Years  
Completed**

**Diploma/Degree/  
Certificate**

**Subjects  
Studied**

High School or GED: \_\_\_\_\_

Continued Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License # \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you worked or attended school under any other names?.....Yes\_\_\_ No\_\_\_

If yes, give names: \_\_\_\_\_

Are you presently employed?.....Yes\_\_\_ No\_\_\_

If yes, whom do you suggest we contact? \_\_\_\_\_

Will your present job ever interfere with your work with us?.....Yes\_\_\_ No\_\_\_

Have you ever been fired from a job or asked to resign?.....Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_

Give three references, not relatives.

**Name**

**Address**

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any history of drug and/or alcohol use?.....Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

Do you have history of addiction or alcoholism?.....Yes\_\_\_ No\_\_\_

If yes, please answer the following questions.....

What is your clean date/ sobriety date? \_\_\_\_\_

What was your drug(s) of choice? \_\_\_\_\_

Do you go to meetings?.....Yes\_\_\_ No\_\_\_

If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

Do you have a sponsor?.....Yes\_\_\_ No\_\_\_

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment drug screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_