



APPLICATION FOR AT-WILL EMPLOYMENT

We consider applications for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)		Date of Birth	Social Security No.	License/ID No.	
Home	Cell				

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
If yes, give date _____
- Have you ever been employed with us before? Yes No
If yes, give date _____
- Are you currently employed? Yes No
If so, may we contact your present employer? Yes No
- Are you prevented from legally being employed in this Country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.
- Have you ever been convicted of a crime? Yes No
If Yes, please explain _____
- On what date would you be available to work? _____
- Are you available to work: Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you ever been involuntarily terminated from a job? Yes No
If Yes, please explain _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree Earned
High School				
College				
Trade School				
Other Training				

Where job related, indicate any foreign languages you speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

NUMBER OF YEARS OF EXPERIENCE RELEVANT TO JOB APPLIED FOR: _____

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	City / State		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	City / State		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	City / State		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS: Check Skills/Equipment Machinery, Tools (list):

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

1.	()	
Name	Relationship	Phone #
2.	()	
Name	Relationship	Phone #
3.	()	
Name	Relationship	Phone #

ACKNOWLEDGEMENT

Read Before Signing:

The facts set forth in my application for employment are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if employed, false or misleading statements on this application may result in dismissal.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYES ME, EITHER THE COMPANY OR I CAN TERMINATE EMPLOYEMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

THIS SECTION TO BE COMPLETED BY **SUPERVISOR**

1. Is employment with our company expected to last **more** than 60 days? Yes__ No__
2. Will the employee work on average **more** than 30 hours per week? Yes__ No__
3. Will annual employment be for **more** than 6 months? Yes__ No__

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