



Employment Application

It is the company's policy to provide equal opportunity in conformance with all applicable laws

Date of Application

Month	Day	Year

PERSONAL

Name:	Last		First		Middle		Social Security Number	Home Phone:		
Address:				City		State		Zip Code		Cell Phone:
Are you under the age of 18?		Can you submit proof of age?		Name/Phone of person to contact in case of emergency:						
Yes No		Yes No								
Merital Status:	Yes	No	Foster Number:		Hobbies:		Specialty:			

EMPLOYMENT DESIRED

What type of work you except?	Wage Desired?	How many hour you can work per week?		What time can work on day?
	\$ Per hr		days per week?	
			Hr. per day?	
Are you currently employed?	If Yes, Who is the employer?		How long work on existing job?	Date available for employment?
Yes No			Years months	

EDUCATIONAL HISTORY

School	Name	Major	Year of Level or graduate	Type of Degree or Certificate
High School				
College/University				
Other				

IDENTIFICATION REQUIREMENTS

THE IMMIGRATION AND CONTROL ACT OF 1986 REQUIRES THAT, IF HIRED, BEFORE YOU START WORK, YOU PRESENT TO THE SELECTING MANAGER, DOCUMENTS WHICH ESTABLISH YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. SOME OF THE DOCUMENTS MAY INCLUDE:

UNITED STATES PASSPORT	DRIVER'S LICENSE	STATE ID CARD WITH PHOTO	CERTIFICATE OF CITIZENSHIP	CERTIFICATE OF NATURALIZATION
SOCIAL SECURITY CARD	US BIRTH CERTIFICATE	US MILITARY CARD	CURRENT FOREIGN PASSPORT W/ ATTACHED EMPLOYMENT AUTHORIZATION	
ALIEN REGISTRATION CARD WITH PHOTO				

In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST FIVE YEARS. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW:

From:	To:	Employer's name and complete address (Company Name, Street, City, State and Zip Code)				
Mo./Yr.	Mo./Yr.					
Starting wage:	\$ Per hr.	Ending wage:	\$ Per hr.	Job	Supervisor	Telephone:
Description of duties:						
Reason for				Can we contact? Yes No		
From:	To:	Employer's name and complete address (Company Name, Street, City, State and Zip Code)				
Mo./Yr.	Mo./Yr.					
Starting wage:	\$ Per hr.	Ending wage:	\$ Per hr.	Job	Supervisor	Telephone:
Description of duties:						
Reason for				Can we contact? Yes No		
From:	To:	Employer's name and complete address (Company Name, Street, City, State and Zip Code)				
Mo./Yr.	Mo./Yr.					
Starting wage:	\$ Per hr.	Ending wage:	\$ Per hr.	Job	Supervisor	Telephone:
Description of duties:						
Reason for				Can we contact? Yes No		

DRUG AND ALCOHOL POLICY

EMPLOYER HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR IT'S EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY BE REQUIRED TO TAKE A ND PASS A DRUG AND ALCOHOL SCREENING TEST BEFORE THEY CAN BEGIN TO WORK AND EMPLOYEES MAY BE TESTED IF THE COMPANY HAS A REASONABLE SUSPICION OF SUBSTANCE ABUSE. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY 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, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY.

APPLICANTS SIGNATURE: _____

DATE: _____