



**APPLICATION FOR EMPLOYMENT**

To the Applicant: We appreciate your interest in our workplace and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualification. We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

**Please fill out this form completely and legibly. This form will be kept on file for 90 days.**

**PERSONAL**

Full Name:		Date:	
Current Address: Number	Street	City	State Zip
Telephone with area code:		Email Address:	
Are you 18 years or older?	YES NO	Are you a US Citizen?	YES NO
Are you authorized to work in the United States?	YES NO		
Have you been Previously employed here?	YES NO		
If yes, date(s):	Supervisor Name(s):		
Have you ever applied to this company before?	YES NO	If Yes, When?	

To be considered "qualified" under the Americans with Disabilities Act (and state disability laws), an applicant must be able to perform essential function of the job with or without a reasonable accommodation. "Reasonable accommodation" is a modification or adjustment of a job, the work environment or the way things are done that enables qualified individuals with a disability to enjoy an equal employment opportunity. Please review the job description you are given and answer the following questions.

Can you perform the essential functions of the position for which you have applied, with or without an accommodation by the company?	YES	NO
List any friends and/or relatives working here:		
Have you ever been convicted of a felony?	YES	NO
If yes, explain:		
State any limitation on your working hours:		

**EMPLOYMENT DESIRED**

Position(s) applying for:			
Kind of work sought:	Year Round- Full Time	Year Round- Part Time	Other
	Seasonal- Full Time	Seasonal- Part Time	
Desired Salary:	Date available to work:		

**REFERENCES**

Please list three professional references. List only persons who are familiar with your work related abilities and that we are able to contact for your reference.

Full Name: _____		Relationship: _____	
Company: _____		Telephone number: _____	
Address: _____			
Number	Street	City	State Zip
Full Name: _____		Relationship: _____	
Company: _____		Telephone number: _____	
Address: _____			
Number	Street	City	State Zip
Full Name: _____		Relationship: _____	
Company: _____		Telephone number: _____	
Address: _____			
Number	Street	City	State Zip

**PREVIOUS EMPLOYMENT**

Company: _____		Telephone number: _____	
Supervisor: _____		Location: _____	
		City	State
Job Title _____		Duties: _____	
From: _____	To: _____	May we contact them Yes No	
Company: _____		Telephone number: _____	
Supervisor: _____		Location: _____	
		City	State
Job Title _____		Duties: _____	
From: _____	To: _____	May we contact them Yes No	
Company: _____		Telephone number: _____	
Supervisor: _____		Location: _____	
		City	State
Job Title _____		Duties: _____	
From: _____	To: _____	May we contact them Yes No	

**EDUCATION**

High School:	_____	Location:	_____		
From:	_____	To:	_____	Did you Graduate?	Yes No
College:	_____	Location:	_____		
From:	_____	To:	_____	Did you Graduate?	Yes No
Other:	_____	Location:	_____		
From:	_____	To:	_____	Did you Graduate?	Yes No

**MILITARY SERVICE**

Branch:	_____	From:	_____	To:	_____
Where you honorably discharged?	Yes	No			

**DISCLAIMER & SIGNATURE**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information is grounds for dismissal. I authorize investigations of all statements contained in this application, including my response to the inquiry concerning any felony conviction record and understand my employment is contingent upon satisfactory completion of such investigations. I further authorize the employers listed herein to give you any and all information concerning my previous employment and any pertinent information to you. I understand that my employment and compensation will be "at will" and can be terminated by the employer or associate with or without cause. Further I understand that the application form does not bind the employer or associate to any specific terms, conditions or period of employment and that any oral statements or promises to the contrary are not binding upon employer.

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

Qualified persons are considered for employment without regard to race, color, religion, creed, gender national origin, marital status, veteran status, sexual orientation, or the present of handicaps or disabilities.

