



Employment Application

Pre-Employment Drug Testing Required

We are an Equal Opportunity Employer

Date _____

Please Print

Last Name

First Name

Middle

Present Address

No. & Street

City

State Zip

Business Phone

Home Phone

E-mail

Employment Desired

Position(s) applying for: _____ Desired Salary: \$ _____

Personal Information

Have you ever applied to or worked for our Company before?

Yes No

If yes, when? _____

Do you have any friends or relatives working for our Company?

Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

How did you learn about our Company?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Other than time off for reasons related to your religion, a disability, or a medical condition, are there any days or times when you are unavailable to work? Yes No

If yes, please list the days and times when you are unavailable _____

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ City State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ City State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ City State	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Dates of Employment	Name & Address of Employer	Position Title and Responsibilities	Supervisor & phone number	Reason for leaving
From: To:				Reason: May we contact this employer? __Yes __No
From: To:				Reason: May we contact this employer? __Yes __No
From: To:				Reason: May we contact this employer? __Yes __No

Note: Attach additional page(s) if necessary.

