

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. *Please print.*

Name _____

Phone _____

Address _____

City/State/ZIP _____

Position applied for _____ Shift preferred: 1 2 3 Any

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Dates _____

Do you have a legal right to be employed in the U.S.? Yes (If yes, proof is required.) No

Are you of legal age to work? Yes No

For Office Use Only

Applicant # _____

Employee # _____

Hire date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

- Résumé
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee DataCard

Educational Background

Grammar School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

High School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School:

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational, or other, training

Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Previous Employers and Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first

1. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ To _____

Position _____ Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____