

Application for Employment

Name:

Social Security #:

Phone:

Address:



Do you have reliable transportation to meet any schedule shift?

Can you read at a 6th grade level?

Have you been convicted of a felony? *[If yes give details on back of page]*

Have you ever worked for us before? If so, under what name?

Do you have any friends or relatives working for us? Who?

Can you provide proof that you are over 18 year of age? ...over 21 years of age?

Are you a smoker?

Do you have a valid driver's license? Class: State: License #:

Have you had any accidents or moving violations in the past 3 years? *[If yes give details on back of page]*

Have you ever been bonded? Is there any reason why you could not be bonded?

[If yes give details on back of page]

Do you have a legal right to work in the USA?

Can you provide documentation of your legal right to work?

Is there any reason why you could not perform all physical aspects of this job, including the ability to lift up to 50 pounds?

[If yes give details on back of page]

Is additional information concerning change of name necessary to check work or education records?

[If yes give details on back of page]

Describe your use of drugs and alcohol:

EDUCATION:

HIGH SCHOOL:	CITY/STATE:	GRADUATED:
# OF YEARS COMPLETED:	MAJOR:	
COLLEGE	CITY/STATE:	DEGREE:
# OF YEARS COMPLETED:	MAJOR:	
GRAD SCHOOL:	CITY/STATE:	DEGREE:
# OF YEARS COMPLETED:	MAJOR:	

Extracurricular Activities:

EMPLOYMENT HISTORY: *[List most recent first]*

<u>EMPLOYER:</u>	<u>SUPERVISOR/PHONE #:</u>	<u>DATES OF EMPLOYMENT:</u>
1.		
2.		
3.		

PERSONAL REFERENCES:

<u>NAME:</u>	<u>ADDRESS/PHONE #:</u>	<u>OCCUPATION:</u>	<u>YEARS KNOWN:</u>
1.			
2.			
3.			

I certify the information above is complete and accurate to the best of my knowledge. I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand I must receive satisfactory references from previous employers, co-workers and subordinates (if any) before an offer of employment can be made. I understand that incomplete or unsigned applications will not be considered and that examination, proving my identity and documenting my right to work. If offered a position, I understand that I may be required to submit to a drug screening at any time during my employment. I understand that refusal to do so could result in my termination. I understand these policies cannot be changed except in writing.

Signature: _____ Print Name: _____ Date: _____