



## Application for Employment

### About You

Name

Nickname

Social Security #

Phone

Street Address: City \_\_\_\_\_ State Zip \_\_\_\_\_

Do you have reliable transportation to meet any schedule shift? \_\_\_\_\_

Can you read at a 6<sup>th</sup> grade level? \_\_\_\_\_ Have you been convicted of a felony? \_\_\_\_\_ If yes, give details on last 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 years old?

... over 21 years old?

Are you a smoker?

Do you have a valid driver's license? \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_

Have you had any accidents or moving violations in the past three years? \_\_\_\_\_ If yes, please provide details on the last page.

Have you ever been bonded? \_\_\_\_\_ Is there any reason why you could **not** be bonded? \_\_\_\_\_ . If yes, describe on the last page.

Do you have a legal right to work in the US? \_\_\_\_\_ 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 lbs.)? If yes, please provide details on the last page .

. Is additional information concerning change of name necessary to check work or education records? \_\_\_\_\_ If yes, explain.  
(Continue on last page if necessary)

Describe your use of drugs and alcohol: (continue on last page if necessary)

**ABOUT YOU EDUCATION**

HIGH SCHOOL		City/State	Graduated
No. Yrs. Complete	Major		
COLLEGE		City /State	Degree
No. Yrs. Completed	Major		
GRAD SCHOOL		City/State	Degree
No. Yrs. Completed	Major		
Extracurricular activities:			

**Employment History. List most recent first.**

Employer	Supervisor/Phone#	Dates of employment
1.		
2.		
3.		

**Personal References**

Name	Address/Phone#	Occupation	Years known
1.			
2.			

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 am its agents with all information necessary to verily 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 false, incomplete or misleading statements are grounds for my immediate discharge. I understand that any offer of employment is contingent upon my passing a prescribed physical 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 \_\_\_\_\_