



Employment Application

We are an Equal Opportunity Employer

Please complete the entire application.

Date:

Applicant Information			
Name (first, middle, last)			
Address (street, city, state, zip code)		Mobile Telephone ()	
Email Address		Home Telephone ()	
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.			
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			
Position Applying For			
Part-Time or Full-Time? <input type="checkbox"/> PT <input type="checkbox"/> FT			
Desired Salary? _____			
Shift Preference? <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift			
When can you start?			
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/>			
Social Media <input type="checkbox"/> School <input type="checkbox"/> Other _____ <input type="checkbox"/>			
Education			
School	Name and Location (city, state)	No. Years Attended	Diploma or Degree Rec'd
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Employment History			
Name of Employer		Telephone	
Address			
Job Title		Employment Dates (MM/DD/YY)	
Name of Immediate Supervisor			
Description of Duties		Reason for Leaving	
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer		Telephone	
Address			
Job Title		Employment Dates (MM/DD/YY)	

Name of Immediate Supervisor	
Description of Duties	Reason for Leaving
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	Telephone
Address	
Job Title	Employment Dates (MM/DD/YY)
Name of Immediate Supervisor	
Description of Duties	Reason for Leaving
If currently employed, may we contact as reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

By entering your full name in the boxes below you are hereby agreeing that you have read and understand the above Pre-employment Agreement. You are also agreeing that your electronic signature may be relied upon by the company to the same extent as your handwritten signature.

Signed by Applicant _____ Date _____

Thank you for your interest in our company.