

[address]

Requisition #: _____

EMPLOYMENT APPLICATION

We are an equal opportunity employer. Race, color, religion, sex, and national origin or any other basis protected by statute are not factors in employment, promotion and compensation.

[Some states may require additional statements (drug testing, prohibition of polygraphs). If employer will require employees to sign non-compete or arbitration agreements after hiring or to undergo drug testing, this information should be disclosed here.]

(PLEASE PRINT)

Position (s) Applying For: _____ Date of Application: _____

How were you referred to Company? 1 Agency 1 Ad 1 Employee 1 Job Fair 1 College Relations 1 Other _____

Do you wish to refer a friend or co-worker? If yes, referral name: _____ Position(s): _____ Tel. # _____

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)	Home Phone
Home Address (Street)		(City)	Business Phone
(State)		(Zip)	
Upon employment can you submit documents verifying your legal right to work in the United States? 1 YES 1 NO			E-Mail
Are you over age 18? 1 YES 1 NO			Social Security

EMPLOYMENT DESIRED

Have you ever applied for employment and/or work for the Company in the past? 1 YES 1 NO If yes, when _____	Date you can start?
Are you currently on layoff or leave from another company? 1 YES 1 NO	Salary Requirements: \$ _____
Are you willing to travel? 1 YES 1 NO	List applicable skills
Are you willing to relocate? 1 YES 1 NO	
Are you available for full-time work? 1 YES 1 NO	
Are you available for part-time work? 1 YES 1 NO	

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				Year:	
HIGH SCHOOL					
OTHER					

TRAINING/CERTIFICATIONS COMPLETED OR CURRENTLY PURSUING			
COURSE	LOCATION	DESIGNATION/CERTIFICATION	DATE COMPLETED/EXPECTED COMPLETION

EMPLOYMENT HISTORY	
<i>(List employment for the past 10 years, starting with present job. Include military experience).</i>	
Company Name	Specific Duties
Street Address	Telephone
City & State	
Job Title	
Supervisor	May we contact? 1 YES 1 NO
Dates Employed From To	Salary Other Compensation
Reason For Leaving	

Street Address		Telephone		
City & State				
Job Title				
Supervisor		May we contact? 1 YES 1 NO		
Dates Employed	From	To	Salary	Other Compensation
Reason For Leaving				

Company Name		Specific Duties		
Street Address		Telephone		
City & State				
Job Title				
Supervisor		May we contact? 1 YES 1 NO		
Dates Employed	From	To	Salary	Other Compensation
Reason For Leaving				

Company Name		Specific Duties		
Street Address		Telephone		
City & State				
Job Title				
Supervisor		May we contact? 1 YES 1 NO		
Dates Employed	From	To	Salary	Other Compensation
Reason For Leaving				

REFERENCES
(Please list at least 5 professional references from former supervisors/managers, clients and/or professors)

EMERGENCY

(In case of emergency, please notify:

Name _____ Phone _____

Address _____

Employment limitations: [\[attach job description\]](#)
 Can you perform the essential functions of the job with or without reasonable accommodation? YES NO

EMPLOYEE SECURITY CLEARANCE INFORMATION

Date of Birth: _____ Place of Birth: _____

Current Security Clearance: Active Inactive

Type: _____ Date: _____ Issued by (Name of Federal Agency): _____

THE FOLLOWING STATEMENTS ARE PART OF THE APPLICATION.
PLEASE READ THEM CAREFULLY AND SIGN BELOW.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have nothing which, if disclosed, would affect this application unfavorably. I understand that if the Company determines that any of the information is false the Company may reject my application. I further understand that should the Company offer me a position and it subsequently discover that any information is false, that my employment will be subject to immediate termination.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I further authorize the Company to contact any other persons suggested by such employers, schools or references. I agree that this company, my previous employers or any other person I have authorized the Company to contact shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application.

If I am employed with this Company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

I understand should I be employed by the Company, I will be required in accordance with the Immigration Reform and Control Act of 1986, to provide, upon my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment.

I further understand and agree that my employment is AT WILL and for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

[If the Company desires to have applicants agree to arbitrate any dispute relating to the hiring process, the appropriate language should be added here.]

I hereby acknowledge that I have read and understand the above statements.

Signature: _____

Date: _____

AFFIRMATIVE ACTION INFORMATION FORM

Applicants are considered for all positions, and employees are treated during employment, without regards to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with the government record keeping, reporting and other legal requirements, please complete this Affirmative Action Information Form. **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY.**

This data is for periodic government reporting and will be kept in a *confidential file*, separate from the Employment Application. The refusal to provide information will not subject you to adverse treatment.

Name of Applicant: _____

Date of Application: _____

I. Please print position(s) applied for:

(Position, Title)

(Position, Title)

II. Check the appropriate category

1 Male

1 White

1 Asian/Pacific Islander

1 Female

1 Black

1 American Indian/Alaskan Native

1 Hispanic

1 Other _____

(Please Specify)

III. Veteran Status:

1 Vietnam Era Veteran*

1 Disabled Veteran**

1 Disabled Individual

(* Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged therefrom with honorable discharge.)

(** Rated at 30 percent disabled by the Veteran's Administration, or one who was discharged or released from active duty for a disability that was incurred or aggravated while in the line of duty.)

IV. Referral Source:

1 Advertisement

1 Outside Friend

1 Relative

1 Walk-In

1 Employment Agency

1 Current Employee

1 Other _____

(Please Specify)

THANK YOU FOR TAKING TIME TO PROVIDE THIS INFORMATION