

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IS NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____

*reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid driver's license?
 Name on license _____ DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations within the last seven years? Please describe _____
 Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or, if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY)

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	PHONE () FAX ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
COMPANY NAME _____		CITY _____	STATE _____	
FROM _____	TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____		PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)				

SECOND MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	PHONE () FAX ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
COMPANY NAME _____		CITY _____	STATE _____	
FROM _____	TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____		PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)				

THIRD MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	PHONE () FAX ()
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	
COMPANY NAME _____		CITY _____	STATE _____	
FROM _____	TO _____	JOB TITLE _____	SUPERVISOR NAME _____	
DATES EMPLOYED _____				
DUTIES _____				
SALARY _____		PER _____	REASON FOR LEAVING _____	
(HOUR, WEEK, MONTH)				

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
COLLEGE _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
OTHER _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____	DATE _____
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