

Other phone # where you may be reached _____ If necessary, best time to call you at home is _____
 May we contact you at work? _____ If yes, work number and best time to call _____
 Are you 18 years of age or older? _____ Are you legally eligible for employment in this country? _____
 Date available for work _____ Will you relocate if job requires it? _____
 Type of employment desired: Full-time _____ Temporary _____ Seasonal _____ Educational Co-op _____
 Will you travel if job requires it? _____ Will you work overtime if required? _____
 If no, Please explain _____ Are you able to meet the attendance requirements of the position? _____
 Have you ever been bonded? _____

References

List names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN	

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider: _____

Previous Employment (Name & Address of company)	Dates of Employment (Mo, & Yr.)	Rate of Pay	Description of Duties	Reason for Leaving
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		
Most Recent Employer Name _____ Address _____ City _____ St _____	From _____ To _____	From _____ To _____		

TO BE ANSWERED ONCE YOU ARE HIRED

Date of Birth: Month _____ Day _____ Year _____ Age _____ Race _____
 Marital Status: Single _____ Married _____ Sex: Male _____ Female _____
 RATE OF PAY: _____ No. Of Children _____ Other Dependents _____
 Spouse's Name _____
 Name and Address of Spouse's Employer: _____
 Female Employee's Maiden Name: _____
 Person to Contact in an Emergency: _____
 Address: _____ Telephone Number: _____

I understand that if I am employed, any misrepresentation of material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement of contract for employment for any specified period of time or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as is required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature

Date