

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, ethnicity, religion, gender, gender identification or expression, sexual orientation, citizenship, disability, familial status, political affiliation, military or veteran status, marital status, national origin, age, height, weight or physical impairments.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number _____ e-mail address _____ Referred By _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you employed now? _____ If so may we inquire of your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When _____

Have you ever been convicted of a felony? _____ Are you authorized to work in the United States? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Subjects of special study or research work _____

Activities other than religious (civic, athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMEBERS.

Continued on other side

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES Give below the names of three persons not related to you and whom you have known at least one year.

Name	Address/Phone	Business	Years Acquainted
1			
2			
3			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time and without any previous notice. Waiver of Limitations Periods. I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may provide for longer periods of time in which to file a claim and/or lawsuit. However, I agree to be bound by the six (6) month period and WAIVE ANY STATUTE OR PERIOD OF LIMITATIONS TO THE CONTRARY. This waiver includes, but is not limited to, periods of limitations which apply to federal or state civil rights statutes.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

REMARKS: _____

Timeliness _____ Ability _____

Hired _____ For Position _____ Will Report _____ Salary/Wages _____

Approved _____