

# EMPLOYMENT APPLICATION

**PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN TO FILL OUT THE APPLICATION.**

This application shall be effective for 30 days after today's date. If you have questions or need help with the application, please let us know so that we can assist you. This is not a contract. This employment application is being used for the sole purpose of determining if you are qualified for the job. It is very important that you answer all questions accurately. If you make false or misleading statements on this employment application or during the interview, it will be grounds for rejecting your application or terminating your employment upon discovery.

Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

For which position are you applying? \_\_\_\_\_ Desired start date: \_\_\_\_\_

## PERSONAL DATA

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

Prior Address(es) (include all addresses for the past 3 years): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Are you 18 years of age or older?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are you legally eligible for employment in the United States?

## EDUCATIONAL DATA

School Name	Location	Did You Graduate?	Degree Earned
High School:			
College:			
Other:			

## EMPLOYMENT DATA

Note: List all employers in chronological order beginning with your most recent employer.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Describe Work Duties: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Base Salary \_\_\_\_\_ per \_\_\_\_\_ (hour, week, year)

Were you terminated or discharged from this job? \_\_\_Yes \_\_\_No Did you quit under threat of discharge? \_\_\_Yes \_\_\_No

If you are currently working for this employer, may we contact the employer? \_\_\_Yes \_\_\_No Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Describe Work Duties: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Base Salary \_\_\_\_\_ per \_\_\_\_\_ (hour, week, year)

Were you terminated or discharged from this job? \_\_\_Yes \_\_\_No Did you quit under threat of discharge? \_\_\_Yes \_\_\_No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Describe Work Duties: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Base Salary \_\_\_\_\_ per \_\_\_\_\_ (hour, week, year)

Were you terminated or discharged from this job? \_\_\_Yes \_\_\_No Did you quit under threat of discharge? \_\_\_Yes \_\_\_No

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**REFERENCES.** Please list only references who are acquainted with your work-related activities.

1) Name	Address	
Phone	Occupation	Years
Known _____		
2) Name	Address	
Phone	Occupation	Years
Known _____		
3) Name	Address	
Phone	Occupation	Years
Known _____		

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**QUESTIONS**

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you worked for or applied to work for the Company (or its affiliated companies) before? If so, list the location, dates, and names you worked under.

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you been given a job description or had the requirements of the job explained to you?

\_\_\_\_\_ Yes \_\_\_\_\_ No Do you understand these requirements?

\_\_\_\_\_ Yes \_\_\_\_\_ No Can you perform the requirements of this job with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No Can you comply with the attendance requirements of this job?

\_\_\_\_\_ Yes \_\_\_\_\_ No I am willing to submit to drug testing prior to or during employment. \_\_\_\_\_ (initial here)

\_\_\_\_\_ Yes \_\_\_\_\_ No I understand that company policy may provide that I submit to a medical review after an offer of employment and I agree to submit to the medical review.

\_\_\_\_\_ Yes \_\_\_\_\_ No Did a prior employer require you to sign a non-competition agreement?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you used other names besides those listed on this employment application? If they are necessary to enable a check on your work and education record, please list.

\_\_\_\_\_

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**PLEASE READ CAREFULLY**

By my signature below, I certify that this employment application was completed by me personally and that all entries on it and information in it are true and complete to the best of my knowledge. The company is authorized to contact prior employers, schools, and references listed above, and they may provide my records, reason for leaving, and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom. I release the company of liability for injuries resulting from any physical or mental disorders. I have read all of the information on this application.

I understand that the employment application is not a contract. I understand that employment by the company is at will. I acknowledge that if hired, either the company or I may terminate the employment relationship at any time with or without cause. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that if I have misled the company by providing false information, misleading information or omissions on this application, it may result in rejection of my application or discharge from employment. I understand that the use of illegal drugs is prohibited.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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\*\*\*GIVE A DOT DRIVER APPLICANT THE DOT APPLICATION IN ADDITION TO THIS ONE\*\*\*