

# APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire • Equal Opportunity Employer

PERSONAL INFORMATION			
NAME (Last Name First)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PHONE NO. ( )			
PERSON TO NOTIFY IN CASE OF EMERGEN			

POSITION	
ARE YOU EMPLOYED	<input type="checkbox"/> YES <input type="checkbox"/> N
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> N

NAME AND LOCATION	
HIGH SCHOOL	
VOCATIONAL SCHOOL	
COLLEGE	
GRADUATE SCHOOL	

SUBJECTS OF SPECIAL STUDY / F WORK OR SPECIAL TRAINING / S
U.S. MILITARY OR NAVAL SERVICE

FORMER EMPLOYERS (List Below)	
MONTH, DATE, YEAR	NAME, ADDRESS OF I
From:	
To:	
From:	
To:	
From:	
To:	
From:	
To:	

REFERENCES		
Please provide names and telephone numbers of persons who would be willing to provide prof		
NAME	TELEPHONE	BUSINESS
	( )	
NAME	TELEPHONE	BUSINESS
	( )	
NAME	TELEPHONE	BUSINESS
	( )	
NAME	TELEPHONE	BUSINESS
	( )	

### GENERAL QUESTIONS

1. Can you perform the essential functions of the job for which you are applying, either with reasonable accommodations?
2. Have you ever been convicted of a felony (conviction does not necessarily disqualify a
3. Do you have a legal right to work in the United States?  
(If hired, you will be required to submit proof of the right to work in the United States.)
4. List any computer skills and/or software programs that you are proficient in using:
5. List any additional skills or abilities that you feel would help you to perform in the positio which you are applying:
6. This employer operates facilities that provide services to the general public 7 days a we our hours of operation include evening shifts. Unless otherwise stated, employees are available to work any normally scheduled shift on any day, including weekends and ma Can you meet these requirements?

### APPLICANT'S STATEMENT AND AGREEMEN

I hereby certify that the information on this application is correct and complete to the best information that might adversely affect my chance for employment. Further, I understand information to this application will be sufficient cause for cancellation of this application a employed, regardless of the time elapsed before discovery. I agree that if employed by th procedures established by the Company.

I hereby acknowledge that if hire by this Employer, my employment is "at will," which I und and the Company may terminate my employment at any time, with or without cause, an understand that any purported assurance of continued employment, wh4eterh written oral, nor interpreted as changing the "at will" employment relationship unless specifically acknov the Company.

I also understand that if I am employed, Employer retains the sole discretion to modify n duties and other terms and conditions of employment, including the right to impose dis reasons the Company, in its sole discretion, determines to be appropriate.

I further understand that the Employer and every one of its facilities is a DRUG FREE work to the Company's Drug and Alcohol Testing Policy. I voluntarily consent to drug and/or alc

# PRE-EMPLOYMENT RELEASE AND JOB APPLICATION ACKNOWLEDGMENT

I certify that the information contained in the attached resume/application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any of the persons and organizations listed on this resume/application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

- You may contact my current employer, and I am aware that such contact will be made prior to my application being reviewed for a position.
- You may NOT contact my current employer.

I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicles, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. To aid in the proper identification of my file or records, the following information is furnished by me:

Print Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security #:	Date of Birth:	
Drivers License #:	State:	
Current Address:	City/St/Zip	
Prev. Employer:	Telephone:	
Supervisor's Name:	Extension:	

**I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. If this occurs during the first 90 days of employment, I hereby authorize employer to deduct the \$55.00 Background Check fee from my final paycheck.** I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms of conditions of employment or to make any other agreement which is contrary to this agreement.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE