



**APPLICATION FOR EMPLOYMENT**  
*We Are An Equal Employment Opportunity Employer*

**PERSONAL INFORMATION**

Position Applied For		Date Available	Salary Desired
Last Name	First Name	Middle Initial	E-Mail Address
Current Address	Street	City	State Zip Code
Telephone Number(s) where we can contact you: Home: ( ) Cell: ( )		Are you available to work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed with the company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate dates of employment, job title, and location:			
Are you willing to travel? <input type="checkbox"/> Extensive <input type="checkbox"/> Limited <input type="checkbox"/> Not at all		Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Applying for: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Intern
Are you legally authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) Yes <input type="checkbox"/> No <input type="checkbox"/>			

**EDUCATION**

	SCHOOL NAME AND CITY/STATE	DEGREE /DIPLOMA COMPLETED?	CURRICULUM OR MAJOR	TYPE OF DEGREE EARNED
HIGH SCHOOL/GED (SELECT ONE)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE OR UNIVERSITY		Yes <input type="checkbox"/> No <input type="checkbox"/>		
GRADUATE		Yes <input type="checkbox"/> No <input type="checkbox"/>		
OTHER		Yes <input type="checkbox"/> No <input type="checkbox"/>		

CERTIFICATIONS

Professional Awards, Honors, Offices Held, Scholarships, Professional Associations, Etc.

**ADDITIONAL SKILLS AND QUALIFICATIONS**

List any special skills and training not listed above:

List computer experience/training:

**MILITARY SERVICE- UNITED STATES ARMED FORCES ONLY**

Branch of Service:	Reserve Status:	Dates of Service From: To:
Highest Rank:	Primary Occupation, Special Skills obtained:	

## EMPLOYMENT EXPERIENCE

**START WITH YOUR CURRENT OR MOST RECENT POSITION. COMPLETE ALL SECTIONS.**

EMPLOYMENT DATES (MM/YYYY)	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	DIRECT SUPERVISOR	REASON FOR LEAVING
FROM /					
TO /					

Position Held and short description of duties

Current employer?  Yes  No      If current employer, may we contact for references?  Yes  No

FROM /					
TO /					

Position Held and short description of duties

Eligible for Rehire? Yes  No

FROM /					
TO /					

Position Held and short description of duties

Eligible for Rehire? Yes  No

FROM /					
TO /					

Position Held and short description of duties

Eligible for Rehire? Yes  No

Please list any gaps in employment and reason:

### PROFESSIONAL REFERENCES – INCLUDE FORMER SUPERVISORS, COLLEAGUES, OR SCHOOL REFERENCES

Name	Company Name/Job Title	Phone Number/E-Mail	Relationship to You

WE DO NOT DISCRIMINATE AGAINST ANY APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, COLOR, AGE, SEX, NON-JOB-RELATED DISABILITY, NATIONAL ORIGIN, ANCESTRY, VETERAN'S STATUS OR ANY OTHER LEGALLY PROHIBITED CRITERIA.

**PLEASE READ CAREFULLY BEFORE SIGNING FORM**

Regardless of whether or not I become employed, I recognize that this application is not and should not be considered a contract of employment. I understand that employment is on an at-will basis, and that my employment may be terminated with or without cause, and without notice at any time.

I understand that any offer of employment is contingent upon my signing and agreeing to abide by the Company's policies which includes among other things, a non-compete agreement and the employment offer letter which sets forth salary and position offered.

I authorize the Company to contact any or all of my former employers, or any of the references I have supplied for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment.

I authorize and encourage the Company to make whatever inquiries it considers necessary of any person or organization not a consumer reporting agency to verify any information provided in this application to determine my job-related qualifications and abilities. In exchange for the Company's agreement to receive, process, and consider my application for employment, I release the Company and all persons, schools or organizations contacted by the Company from liability for any damages arising out of the Company's verification of the information provided in this application and/or its determination of my job-related qualifications and abilities.

I authorize the Company to conduct a criminal background check and understand that the Company will not deny employment to any applicant solely because a person has been convicted of a crime. The Company however, may consider the nature, date and circumstances of the offenses in making a decision about my employment, should the results present a criminal conviction.

I understand that misrepresentations of any fact written by me in this application can result in denial of employment, retracting an offer previously made or, upon subsequent discovery, immediate termination of employment.

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

If the position I am applying for requires me to drive for Company business I hereby authorize the Company to conduct a motor vehicle records search.

I understand that the Company requires a substance abuse test, after a job offer has been made, but prior to the time I begin work for the Company. I understand that no employment offer can be validly tendered by the Company until the satisfactory completion of such tests. I understand that the Company will select the doctor/medical facility and that failure to complete the "consent to post-employment offer physical examination, job-related medical testing, and substance abuse testing" form will prohibit any consideration of employment with the Company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CONSENT TO POST-EMPLOYMENT OFFER SUBSTANCE ABUSE TESTING**

I hereby consent to a post-employment offer substance abuse screening test, and I authorize the release of the testing results and any interpretation of the tests to authorized Company personnel and contracted third party medical surveillance company. I understand that the tests may or can reveal whether I have abused or taken unauthorized prescription drugs and used illegal or "street" drugs. I also understand that if the substance abuse test is positive, I will not be hired.

I hereby authorize the facility conducting the post-employment offer substance abuse tests to release to the Company's Human Resource Department the results of any interpretation of the tests. I release the Company, its directors, officers, agents, successors, assigns, employees or associates, and supervisors or coordinators, and the person administering the test from any claims, demands, causes of action, and damages of whatever nature, that may result from the substance abuse tests or the disclosure of the results or interpretations of the tests.

**I HAVE READ THIS CONSENT AND UNDERSTAND IT. IF I HAD ANY QUESTIONS ABOUT THIS CONSENT, THEY WERE ANSWERED TO MY SATISFACTION.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**