

Name	Last	First	Middle
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Date

Position you are
applying for:

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APPLICATION FOR EMPLOYMENT

COMPANY LOGO

NOTICE TO ALL APPLICANTS

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time period will result in immediate termination.

Any offer of employment that may be made to you is contingent on your submission of satisfactory proof of your identity and legal authorization to work in the United States. If you fail to submit this proof, Federal Law prohibits us from hiring you.

XYZ Is An Equal Opportunity Employer.

Application For Employment (continued)
 Please complete all portions of this application pertaining to you

Name	Last	First	Middle	Social Security Number	-	-	Any other names you have used:	Last	First	Middle
Present Address	Street	City		State	Zip		How Long at this address?	How Long Have you Been a resident of this area?		
Home Telephone	Business Telephone			Extension		Previous Address	Street	City	Street	Zip
In case of emergency, call	Name		Relationship		Are you 18 years of age or older		<input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor, do you have a work permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address	Street	City		State	Zip		Are you presently participating in a Work Study Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which one?
Home Telephone	Business Telephone			Extension		How did you find us? (check all that apply)		<input type="checkbox"/> Agency <input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In <input type="checkbox"/> Relative	<input type="checkbox"/> Friend <input type="checkbox"/> Other

Education

Type of School	Name of School	Major and Minor Courses	Did you graduate?	What degree(s) or certificate(s) were you awarded?	Letter Grade/Type or Degree
High School	Name City/State				
College(s)	Name City/State				
Graduate School	Name City/State				
Business or Technical School	Name City/State				
Correspondence or Night School	Name City/State				

High School or College Activities: List honors, professional organizations, school activities and offices held, sports activities (varsity-intramural). (Do not include military, racial, religious or nationality groups.)

Professional Licenses:

Special Skills: (Please Check)

Computer Software Machine Operation Clerical/Administration Sales Languages Training Computer/CAD Customer service Other

Where Obtained:

Vocational or Trade Training:

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Have you filed an application with us in the past? If Yes, When? Yes No At what location?

Employment Record
List places of employment including temporary and permanent employment. *BEGIN WITH MOST RECENT OR CURRENT EMPLOYER.* List telephone numbers.

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

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Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? Yes No

United States Military Record

Branch	From	To	Highest Rank Attained	Current Status

Type of Work or Duties:

Type of Discharge / Explain:

The essential functions of the job have been reviewed with you. Can you perform the essential functions of the job with or without an accommodation? Yes No

General

Position Applied For Salary / Rate Expected Date You Can Start Indicate days of the week or hours you would NOT be available for work:

Do you have a shift preference? NOTE: You must be willing to work all shifts.	Would you be available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation available to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the make and year.			

List all activities, memberships and offices held since leaving school. Include hobbies and leisure-time activities as well as volunteer (do not include military, racial, religious or nationality groups):

Have you ever been convicted of a crime, other than a minor traffic violation? If Yes, list all convictions, stating dates, nature of offenses and where convicted (include military convictions):
 Yes No *A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.*

Have you ever been employed by XYZ ?	Location	Dates of Employment	Supervisor	Reason for Leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete items to right:				

Do you have relatives employed by XYZ?	Name	Relationship	Location
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete items to right:			
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Personal References

Name	Occupation	Name	Occupation
Address	Telephone ()	Address	Telephone ()
City / State / Zip		City / State / Zip	

By signing this application for employment, I certify that I have read and understand all parts of it and that I have truthfully and completely answered all questions. I understand that falsification of any of the information given here or on any other employment form is ground for refusal to hire and, if hired for immediate termination, regardless of when such falsification may be discovered. I agree that XYZ ("The Company") will not be liable in any respect if my employment is terminated because of any such false statements or omissions.

I authorize the Company and its representative to investigate my education, employment experience, criminal conviction records, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I understand the Company may contact the appropriated credit bureau to obtain an investigative consumer report providing information about my character; I understand I may request (in writing from the Human Resources Department) a complete and accurate disclosure of information concerning the nature and scope of this report. I also release the Company and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigations.

I understand my employment with the Company is for no definite length of time. I understand my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. I understand that no employee or representative of the Company has any authority to make any agreement which is contrary to the foregoing if accepted at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

I understand and agree that, in considering my eligibility for employment, the Company may require me to undergo written aptitude and psychological testing, including drug testing. I further understand that, if employed, the Company may, at its discretion and expense, and

as a condition of continued employment, require me to submit to the above testing as well as alcohol blood and/or breathalyzer testing. I specifically understand, and agree and consent to be tested in the above manner and hold the testing agency/agencies, "The Company Name", it's agent, directors, officers and employees harmless from any and all liability in connection with the actual testing and use of test results.

I acknowledge and permit that, from time to time, the Company may be required to submit certain information with regard to my employment or application and release the Company, its agents, assigns and organizational units, from any liability resulting from submission of such information.

I understand the Company does not promote or endorse any employment agencies and will not be held responsible for any cost associated with such services, unless prior written agreements have been made by the Company.

In the event I am employed by the Company, this employment application will constitute a full and complete statement of the terms and conditions of my employment and that no other contract of employment can be inferred to exist unless specifically agreed to in writing by the CEO of the Company, and further, that I am aware of the consequences of signing this application.

XYZ is an equal opportunity employer. All applications for employment will be considered without regard to race, color, religion, sex, national origin, disability, or age (over the age of 40). This application will remain active for 45 days. After that time, it must be renewed by me if I wish to be reconsidered for employment.

Signature _____ Date _____