



# Application

## EEOC

Our company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke-free workplace.

**JOB NUMBER \_\_\_\_\_ Position \_\_\_\_\_**

**STOP!!! Make sure Job number and position are filled in, if not the application will NOT be accepted. You can apply for multiple positions with one application just make sure all Job Numbers and Positions are referenced.**

## PERSONAL INFORMATION

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## CURRENT ADDRESS

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Date of Residence \_\_\_\_\_

## PREVIOUS ADDRESS

I do not have any previous address history.

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Date of Residence \_\_\_\_\_

## AVAILABILITY

Available start date \_\_\_\_\_

Schedule  Full Time  Part Time

Times Available  Any  Weekdays  Weekends  Evenings  Nights  Shift  
 Available to work overtime

## GENERAL QUESTIONS

Current employment status with this company? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did someone from this company refer you to us? \_\_\_\_\_

If yes, please provide their name \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_

(proof of employment eligibility will be required, if hired.)

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? \_\_\_\_\_

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

## ESSENTIAL JOB FUNCTIONS

Describe your job related skills to the position or positions applying for:

---

---

---

## EMPLOYMENT HISTORY

I do not have any employment history

Corporation Name \_\_\_\_\_

Contact Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_  Current Employer

Starting Title \_\_\_\_\_

Most Recent Title \_\_\_\_\_

Job Duties

---

---

---

---

Starting Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most Recent Pay \_\_\_\_\_

May we contact this reference? \_\_\_\_\_

## EMPLOYMENT HISTORY

I do not have any employment history

Corporation Name \_\_\_\_\_

Contact Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_  Current Employer

Starting Title \_\_\_\_\_

Most Recent Title \_\_\_\_\_

Job Duties

---

---

---

---

Starting Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most Recent Pay \_\_\_\_\_

May we contact this reference? \_\_\_\_\_

## EMPLOYMENT HISTORY

I do not have any employment history

Corporation Name \_\_\_\_\_

Contact Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_  Current Employer

Starting Title \_\_\_\_\_

Most Recent Title \_\_\_\_\_

Job Duties

---

---

---

---

Starting Pay \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Most Recent Pay \_\_\_\_\_

May we contact this reference? \_\_\_\_\_

### HIGHEST LEVEL OF EDUCATION

Name of School \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Years Attended \_\_\_\_\_  Currently Enrolled

Major/Area of Emphasis \_\_\_\_\_

Degree/Program \_\_\_\_\_

Degree was obtained? \_\_\_\_\_

May we contact this reference? \_\_\_\_\_

### PROFESSIONAL LICENSES AND CERTIFICATIONS

I do not have any credentials/ licenses

Credential / License Type \_\_\_\_\_

Credential/ License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Issuing Agency \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Status \_\_\_\_\_

Current Standing \_\_\_\_\_

Have you been subject to a disciplinary action? If so please describe

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

May we contact this reference? \_\_\_\_\_

### PERSONAL /PROFESSIONAL REFERENCES

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

In what capacity? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

### PERSONAL /PROFESSIONAL REFERENCES

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

In what capacity? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

## PERSONAL /PROFESSIONAL REFERENCES

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

In what capacity? \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

## CERTIFICATION

I understand that this application from is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, resume or on other written materials, provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facility unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting agencies, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and /or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability what so ever arising therefrom.

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