

# Application for Employment

Short Form

**Instructions:** It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Please Print

Position applied for \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( ) \_\_\_\_\_ Cellular/Other # ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Shift preferred  1  2  3  Any Expected pay \_\_\_\_\_

Would you accept full-time work?  Yes  No Would you accept part-time work?  Yes  No

On what date would you be available for work? \_\_\_\_\_

How were you referred to our Company? \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, please give dates \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from our Company?  Yes  No  
If yes, additional information may be requested.

Are you legally eligible for employment in the USA? (If yes, proof is required if hired.)  Yes  No

If you are under 18 years old, can you provide a work permit if required?  Yes  No

Please provide your driver's license number, if driving is required for this job. \_\_\_\_\_ State \_\_\_\_\_

---

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
 Yes  No  Need more information about the job's "essential functions" to respond.

---

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime?  Yes  No If yes, please provide date(s) and details:

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

## Education Background

**High School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**College:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Graduate School:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Vocational Training/Other:** \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

**Continuing Education:** \_\_\_\_\_

## Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

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

## Employee Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Job Title: \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dates employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Hourly rate/salary: starting \_\_\_\_/\_\_\_\_ final \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

## Anti-Discrimination Clause

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration. This Company takes all harassment complaints seriously and investigates each one promptly and thoroughly.

## Social Security Number

SS# \_\_\_\_\_ The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

## Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

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 no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR OFFICE USE ONLY:

Applicant number \_\_\_\_\_

Employee number \_\_\_\_\_ Position \_\_\_\_\_

Hire date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate \_\_\_\_\_ Class \_\_\_\_\_ Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes \_\_\_\_\_

### Attachments:

- Résumé
- Applicant interview notes
- Applicant reference notes
- Test results

## Drug Test Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by the Company as a condition of employment and for the purpose of determining specific drug content.

I agree that a Substance Abuse and Mental Health Service Administration (SAMHSA) certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the Company, the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical/personnel collecting the specimen, the testing facility, it's directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical reports, and data concerning my test(s) to the appropriate Company officials or government agencies.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Printed Name: \_\_\_\_\_

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