



EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

BACKGROUND INFORMATION			
Last Name	First	Middle	Date of Application
Street Address			Home Phone
City, State, Zip			How Long at Present Address?
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s) Department: <input type="checkbox"/> No			Social Security No.
Have you previously applied for work to this organization? <input type="checkbox"/> Yes, Date(s) <input type="checkbox"/> No			Driver's License No.
Position Applying For			Wages Desired
Check the following options which you would consider: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		In case of emergency notify: Phone	
			Date Available for Work

EDUCATION AND TRAINING					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	No. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
TRADE SCHOOL					
APPRENTICE SCHOOL					
List any other education, training, special skills or certificates/licenses that you possess which are relevant to the position for which you are applying:					
List any machines or equipment that you are qualified and experienced at operating which are relevant to the position for which you are applying:					

EXPERIENCE – LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

1	Company Name		Type of Business	Phone No
	Address		Employed (Month and Year)	
	Name & Title of Supervisor		From	To
	Your Job Title and Description of Duties		May We Contact?	Employed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			Reason for Leaving	
2	Company Name		Type of Business	Phone No
	Address		Employed (Month and Year)	
	Name & Title of Supervisor		From	To
	Your Job Title and Description of Duties		May We Contact?	Employed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			Reason for Leaving	
3	Company Name		Type of Business	Phone No
	Address		Employed (Month and Year)	
	Name & Title of Supervisor		From	To
	Your Job Title and Description of Duties		May We Contact?	Employed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
			Reason for Leaving	

SKILLS AND QUALIFICATIONS

Have you had any other experience or qualifications in addition to those indicated above which relate to the job for which you are applying? If so, please list/explain.

REFERENCES – LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU, OTHER THAN LISTED ABOVE

	NAME	TITLE	BUSINESS	PHONE No	YEARS KNOWN
1					
2					
3					
4					

ADDITIONAL EMPLOYMENT – RELATED INFORMATION

	NAME	RELATIONSHIP
List any relatives or friends working for this organization:	<hr/> <hr/>	
Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are under 18, are you able to furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Remarks:

APPLICANT’S CERTIFICATION – PLEASE READ CAREFULLY BEFORE SIGNING

<p>I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.</p> <p>I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character, and ability.</p> <p>I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.</p> <p>I understand and agree that, if I am employed, I will be an at-will employee and the Company may terminate my employment at any time and for any or no reason without prior notice.</p>	
Applicant’s Signature	Date



**ASSOCIATE/JOB APPLICANT
PERMISSION LETTER
REQUEST FOR MOTOR VEHICLE RECORD (MVR)**

To: _____

Date: _____

It is understood that my job position requires me to drive a company-owned vehicle or my own car on company business. I understand that the insurance company writing your automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy my Motor Vehicle Record.

NOTE TO ASSOCIATE: Associates who are required to drive a company vehicle or their own vehicle on company business will be required to show proof of a current, valid driver's license and current effective insurance coverage prior to the first day of employment or the first day of accepting a position that has such a driving requirement.

Our company participates in a program, through its insurer, wherein the DMV records of all employees who drive as part of their job are checked. By signing this letter, I hereby authorize the insurance company and/or its agent to obtain the necessary motor vehicle records (MVR).

Our company retains the right to transfer to an alternative position, suspend, or terminate an associate whose license is revoked, who fails to maintain personal automobile insurance coverage, who is uninsurable under the company's policy, or who demonstrates an unacceptable driving record.

Associates who are required to drive a company vehicle or their own vehicle on company business will be required to report any accidents or serious driving infractions to their manager and/or supervisor.

I UNDERSTAND THAT I HOLD A POSITION THAT REQUIRES ME TO DRIVE A COMPANY VEHICLE OR MY OWN VEHICLE ON COMPANY BUSINESS. I HAVE READ AND UNDERSTOOD THE ABOVE. I ACCEPT THE TERMS AND CONDITIONS AS STATED.

Full Name: _____ (Print Your Name)

DL # & State: _____

I understand and accept the terms and conditions above:

Date: _____

Signature: _____