



APPLICATION FOR AT-WILL EMPLOYMENT

The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

THE COMPANY IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____ Please note that this application will only remain active for six months, after which the applicant will need to reapply.

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone Number: Home (_____) _____ Work (_____) _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No

If so, when? _____

Salary Desire: \$ _____

Type of Employment: Full-time Part-time

Are you employed now? Yes No

May we contact your present employer? Yes No

Did you ever apply to this Company before? Yes No Where? _____

Under what name? _____ When? _____

Are you lawfully entitled to be employed in the United States? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No

(This question pertains only to convictions that have not been sealed or expunged).

If so, please state citation, date and place where offense occurred: _____

EDUCATION:

	Name and Address of School	Number of Years Attended	Did you Graduate?	Subject/Major
High School				
College				
Specialized Training				

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

EMPLOYMENT HISTORY:

Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

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Company: _____		Address: _____ _____		Telephone: _____	
Dates Employed:	From _____	To _____	Starting Salary: \$ _____	Leaving: \$ _____	Supervisor: _____
Reason for Leaving: _____					

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Company: _____		Address: _____ _____		Telephone: _____	
Dates Employed:	From _____	To _____	Starting Salary: \$ _____	Leaving: \$ _____	Supervisor: _____
Reason for Leaving: _____					

EMPLOYMENT HISTORY (Continued):

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Company: _____			Address: _____ _____		Telephone: _____
Dates Employed:	From _____	To _____	Starting Salary: \$ _____	Leaving: \$ _____	Supervisor: _____
Reason for Leaving: _____					

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Company: _____			Address: _____ _____		Telephone: _____
Dates Employed:	From _____	To _____	Starting Salary: \$ _____	Leaving: \$ _____	Supervisor: _____
Reason for Leaving: _____					

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? Yes No

PROFESSIONAL REFERENCES:

Name	Address and Telephone	Title	Position

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

_____ Date

_____ Signature

THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

For Employer Use Only

Interviewed by: _____	Date: _____	Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Date: _____	Position: _____	Wage: \$ _____