

# Application for Employment



This organization is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices because of race, color, sex, age, religion or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment due to those factors.

This form is an application for employment only, and in no way is to be construed as an offer for employment.

## General Information

Name		
Address		
City	State	Zip
D.O.B.	Social Security #	
Home Phone	Cell Phone	

Position Applying for: \_\_\_\_\_ When can you report for work: \_\_\_\_\_

Have you ever applied here before: \_\_\_\_\_ Have you ever worked here before: \_\_\_\_\_

Do any friends/relatives work here: \_\_\_\_\_ If so, whom? \_\_\_\_\_

How do you plan to get to work? (circle one) | My own auto | Walk/Bike | Friends/Family |

Do you have a physical condition which could affect your ability to perform certain tasks? | Y | N |

If so - describe: \_\_\_\_\_

Have you had any operations/illness which could affect your ability to perform certain tasks? | Y | N |

If so - describe: \_\_\_\_\_

Do you currently or in the future participate in any extra-curricular activities which could impact your ability to work certain times or days? \_\_\_\_\_ If so - describe: \_\_\_\_\_

**(continued on reverse side)**

# ***Education:***

Schools attended	Dates:	GPA:	Graduated or degree?

# ***Work Experience***

Company:	Dates Worked:	Phone#:	Reason for Leaving:

# ***Personal References***

Reference:	Address:	Phone#:	Relationship to you:

By signing, I authorize investigation of all statements contained in this application. I release from liability all persons, companies, and corporations supplying such information and I indemnify this employer against any liability which might arise from making such investigation. I understand that misrepresentation or omission of facts called for is cause for dismissal. If employed by this employer, and in consideration of my employment, I agree to conform to its rules and regulations, and I agree that my employment and compensation is for no definite period, regardless of the date of payment of my wages, and can be terminated, with or without cause, and with or without notice at any time at the option of either the employer or myself. I understand that the conditions of my employment can be changed at any time, with or without notice, with or without cause at any time by this employer:

**Date:** \_\_\_\_\_ **Employee Signature:** \_\_\_\_\_