



EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Highest Grade Completed						Post-Secondary				Other		Grade Point Average	
7	8	9	10	11	12	1	2	3	4				

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____ Phone _____

Supervisor _____ Ending Salary _____ Dates Employed _____

Reason for Leaving _____

2. . Employer _____ Job Title _____ Phone _____

Supervisor _____ Ending Salary _____ Dates Employed _____

Reason for Leaving _____

3. . Employer _____ Job Title _____ Phone _____

Supervisor _____ Ending Salary _____ Dates Employed _____

Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date _____