



Application for Employment

We are an Equal Employment Opportunity / Affirmative Action Employer

IDENTIFICATION	Last Name		First Name		Middle Name		Preferred Name	
	Street Address				City		State	Zip code
	Email Address				Cell Phone		Home Phone	
	How did you hear about our company?				Were you referred to the Company? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives that work for our company? If yes, please list name and relation? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever worked for our company? If so, when: <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION	Primary Position Desired		Secondary Position Desired		Salary Desired		When are you able to start?	
	What is your availability to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Number of Hours: _____				What shift are you available? <input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift			
	Available to work overtime (if nec) <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a reliable means to transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL	If hire, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you furnish proof of your age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Education list name and location			Grade/Years Completed		Graduated?	Major
	High School/GED			9 10 11 12			N/A
	College/Junior College			1 2 3 4			
	Graduate School			1 2 3 4			
	Business/Trade School			1 2 3 4			
	Military Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide skills acquired relevant to the position desired			If yes, which branch and final rank?		If yes, provide dates of service	
Skills List any foreign languages that you know _____ <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write			Software Skills <input type="checkbox"/> Excel <input type="checkbox"/> Windows <input type="checkbox"/> Kronos <input type="checkbox"/> PointClickCare <input type="checkbox"/> Word <input type="checkbox"/> Internet <input type="checkbox"/> Other _____				

ADDITIONAL INFORMATION	Have you ever been convicted of a felony or a misdemeanor? (Conviction will not necessarily disqualify an applicant from employment) <input type="checkbox"/> Yes If yes, please explain in detail as to the time, nature, number and disposition of conviction(s): <input type="checkbox"/> No	
	Have you ever used any other name than you are currently using? If yes, please list all names used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been named as a defendant in a discrimination or unlawful harassment lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you able to preform the job function essentials of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If required, are you willing to have a pre-employment physical or drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been bonded? If yes, have you ever been refused a bonding? <input type="checkbox"/> Yes <input type="checkbox"/> No If refused, what type and reason for denial: <input type="checkbox"/> Yes <input type="checkbox"/> No	

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment

