



Application For Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name			Date
Address		City	State Zip
Phone Number	Mobile Number	Email Address	
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position You Are Applying For	Available Start Date	How Did You Learn Of This Opening?
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Night/NOC							

Are you available to work:
 Weekends
 Holidays
 Rotating Shifts

Are You 18 Yrs. of Age or Older?
 Yes
 No

May We Contact Your Present Employer?
 Yes
 No

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Start Date
Supervisor	Work Phone		End Date
Address	City	State	Zip
Employer (2)	Job Title		Start Date
Supervisor	Work Phone		End Date
Address	City	State	Zip
Employer (3)	Job Title		Start Date
Supervisor	Work Phone		End Date
Address	City	State	Zip

May we contact your present employer? Yes No

Professional Licenses and/or Certifications

Organization or State Issued	Type	Date Issued	Number

Signature Disclaimer (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

Name (Please Print)	Signature
Date	