

Application For At-Will Employment

FOR OFFICE USE ONLY	
Work Location	Rate _____ Date _____
Position	

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 180 days.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position applied for:	Date of application:
How did you learn about us?	
<input type="radio"/> Advertisement	<input type="radio"/> Friend
<input type="radio"/> Employment Agency	<input type="radio"/> Relative
	<input type="radio"/> Walk-In
	<input type="radio"/> Other

Last Name	First Name	Middle Name
Address		City
	State	Zip-code
Telephone Number(s)		Social Security Number

Salary requirements:

Date Available:

Have you been convicted of a crime within the last 7 years? Yes No

If yes, please explain:

Are you a United States Citizen? Yes No

If no, are you lawfully authorized to work in the United States? Yes No

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

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

1	Company	Address	Telephone
Dates employed To: _____ From: _____		Salary Starting: _____ Leaving: _____	Supervisor
Your duties:			
Reason for leaving:			
2	Company	Address	Telephone
Dates employed To: _____ From: _____		Salary Starting: _____ Leaving: _____	Supervisor
Your duties:			
Reason for leaving:			
3	Company	Address	Telephone
Dates employed To: _____ From: _____		Salary Starting: _____ Leaving: _____	Supervisor
Your duties:			
Reason for leaving:			
4	Company	Address	Telephone
Dates employed To: _____ From: _____		Salary Starting: _____ Leaving: _____	Supervisor
Your duties:			
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

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REFERENCES: (not former employers or relatives)

Name	Address	Phone Number

EDUCATION:

School	Name and address of school	Course of study	Circle last year completed	Did you graduate?	List diploma or degree
High school			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

If you did not graduate, why did you leave school or college?

Are you planning to pursue further studies? Yes No

If yes, Day OR Night School

If so, when, where, and what courses?

INTERESTS: Use this space below to describe interest in the industry and skills and aptitudes that you feel qualify you for a position with our Company. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet.

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ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I understand that, if the Company employs me, EITHER THE Company or I can terminate my employment with or without cause at any time and for any or no reason. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

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