



APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Initial)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

How did you hear of this opening: \_\_\_\_\_

When can you start: \_\_\_\_\_ Expected earnings \$ \_\_\_\_\_

Are you seeking: Full-Time [ ] Part-Time [ ] Temporary [ ]

Preferred workdays & hours: \_\_\_\_\_

Can you provide verification of your legal right to work in the U.S.? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please fully describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION** - Year of Major Degree, School Name and Location

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**EMPLOYMENT HISTORY:** (Start with most recent employer.)

Company name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY: (Start with most recent employer.)**

Company name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? [  ] Yes [  ] No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT**

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

**AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_