



## Application for Employment

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for **six years**. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please Print.

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Shift Preferred 1\_\_ 2\_\_ 3\_\_ 4\_\_

Expected Pay \_\_\_\_\_

Would you accept full-time work? Yes / No     Would you accept part-time work? Yes / No

Have you ever been employed here before? Yes / No     Dates \_\_\_\_\_

Special Training or skills: (languages, machine operation, etc.) that would benefit in the job for which you are applying:

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

Are you legally eligible for employment in the United States? Yes / No

(If yes, proof is required)

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes / No

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account)

If Yes, please explain \_\_\_\_\_

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

## Employment Experience

Place an "X" by the employer(s) you DO NOT want us to contact. List your most recent employer first.

1 Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

\_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_     Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2 Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

\_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_     Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3 Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

4 Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
 \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

## Educational Background

### High School

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
 Course of study \_\_\_\_\_ Did you graduate? Yes / No Please circle those that apply  
 Degree or Diploma

### College

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
 Course of study \_\_\_\_\_ Did you graduate? Yes / No Degree or Diploma

### Graduate School

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
 Course of study \_\_\_\_\_ Did you graduate? Yes / No Degree or Diploma

### Vocational Training - Other

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
 Course of study \_\_\_\_\_ Did you graduate? Yes / No Degree or Diploma

All exempt employees will be required to furnish the College with official transcripts verifying highest degree earned before any offer or employment becomes final. Additionally, any offer or employment is contingent upon a successful background check.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_