

Employment Application

(Use the "Tab" key to navigate to the next text field) (Hold down "Shift" and hit the "Tab" key to go back one text field)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () - _____ E-mail Address: @ . _____

Date Available: _____ Social Security No.: - - _____ Desired Salary: \$. per _____

Desired Position(s) : _____

Are you a citizen of the United States? YES NO If no, do you have work authorization to work in the United States? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a misdemeanor or felony? YES NO If yes, explain: _____

I understand that the Company performs background checks. Misrepresentation of any information on my application is sufficient cause for cancellation of this application or separation from the Company's service if I am employed.
I understand and agree to these terms: ← Initials

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Reference and/or Referral

Please list three references or referrals.

Full Name: _____ Relationship: _____
Company: _____ Phone: () - _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () - _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () - _____
Address: _____

Previous Employment

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () - _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that all the information contained in this application is true and complete to the best of my knowledge. I agree to conform to the rules, policies, and regulations of this Company. I also agree that any misrepresentation made by me in this application is sufficient for cancellation of the application and/or separation from the Company's service if I have been employed. All facts are open to investigation and verification by the Company. I hereby authorize my former employers to give any information they may have regarding my employment with them and release them and their company from any liability or damage whatsoever for issuing it. If employed, I understand that it is not for any specified period of time, and that either the Company or I may terminate the employment at any time, with or without notice or cause for any reason or no reason at all. The policy of this Company and the law prohibit discrimination based on race, color, age, sex, religion, disability, or national origin. I further acknowledge that only the Chief Executive Officer has the authority to enter into an employment contract on behalf of the Company for specified periods of time and contrary to the Indiana at will doctrine. It is the policy of this Company to require alcohol and drug testing as a condition for employment. If a conditional job offer has been made I hereby give my consent to the medical facility to furnish the results of any test performed on my specimen to the above Company, and I release the medical application or received relative to it. I understand that positive results for controlled or illegal substances or alcohol while employed will be addressed per the company's Drug and Alcohol Policy.

My signature below acknowledges that I have read the foregoing statement and that this consent is knowingly and voluntarily given.

Signature: _____ Date: _____