



PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Last

First

Middle

**PRESENT ADDRESS:** \_\_\_\_\_

Street

City

State

Zip Code

**PHONE NUMBER:** (      )

**E-MAIL ADDRESS:** \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**CFRE Certification:** YES  NO

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW?: \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU APPLIED WITH THIS COMPANY BEFORE?: \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN?: \_\_\_\_\_

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?  
 (Note: If you have an H1-B visa with your current/past employer, the work authorization does not automatically transfer to another employer): \_\_\_\_\_

### EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED?		COURSE OF STUDY
		YES	NO	
HIGH SCHOOL		<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE		<input type="checkbox"/>	<input type="checkbox"/>	
OTHER (SUCH AS TRADE SCHOOL)		<input type="checkbox"/>	<input type="checkbox"/>	

OTHER SPECIAL TRAINING OR SKILLS: \_\_\_\_\_

ACTIVITIES: CIVIC, ATHLETIC, ETC.: \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS)

(CONTINUED)

AN EQUAL OPPORTUNITY EMPLOYER

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH PRESENT OR MOST RECENT)

DATE/MONTH/YEAR	NAME, CITY AND PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM: TO:	SUPERVISOR:		
DUTIES:			
FROM: TO:	SUPERVISOR:		
DUTIES:			
FROM: TO:	SUPERVISOR:		
DUTIES:			
FROM: TO:	SUPERVISOR:		
DUTIES:			

**COMMENTS:**

**REFERENCES** (PLEASE LIST THE NAMES OF PERSONS WHOM WE MAY CONTACT THAT KNOW YOUR JOB QUALIFICATIONS. INCLUDE PRESENT OR FORMER SUPERVISORS FIRST, AND THEN PEERS. DO NOT INCLUDE RELATIVES)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

**CONVICTIONS**

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY TO, ANY FELONY CRIME, INCLUDING BY COURT-MARTIAL IN THE LAST 7 YEARS? (OMIT CONVICTIONS WHERE THE RECORD HAS SUBSEQUENTLY BEEN SEALED OR EXPUNGED BY COURT ORDER). **HANDWRITE** (DO NOT TYPE OR PRINT) YOUR ANSWER, YES OR NO. \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY:

NAME

ADDRESS

PHONE NUMBER

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

All employees serve an introductory period of 90 calendar days commencing with the first day of employment.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_

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

# SUPPLEMENTAL EMPLOYMENT APPLICATION INFORMATION

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

Driver's License #: \_\_\_\_\_

Automobile Insurance Carrier: \_\_\_\_\_

## PERSONALITY PROFILE AND BACKGROUND CHECK

I understand and agree to participate in a Personality Profile and/or Background Check as part of the candidate selection process.

Agreed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_  
Please print

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date