



**As part of the application process, the company may conduct background checks on applicants.**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner status, gender (including sex stereotyping), medical condition (including, but not limited to, cancer related or HIV/AIDS related), sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —		Today's Date	
Name		Last 4 Digits of Social Security Number	
Home Address		How long at current address?	
City	County	State	Zip Code
Daytime Telephone (       )	Home Telephone (       )	E-mail Address	
Position for which you are applying		What is your minimum salary requirement?	
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days available	
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, explain:		Date available for work	

**EDUCATION & TRAINING**

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
<b>High School/GED</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trade School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other education, training, special skills or certificates/licenses that you possess related to the job.				
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
List any machines, equipment or software programs on which you are qualified and experienced in operating.				
List any languages that you speak fluently		List any languages that you read/write fluently		
If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 16 years old or over? If under 18, state age. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by the company you are applying for? If Yes, give dates. From: (month/year) _____ To: (month/year) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any relatives working the company	



**EMPLOYMENT HISTORY**

**APPLICANT NAME** \_\_\_\_\_

List all work experience beginning with the present or most recent job (use back of application, if necessary).

<b>MOST RECENT JOB HELD</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

<b>PREVIOUS EMPLOYMENT</b>	Name of Employer		Type of Business		
	Address		City	State      Zip Code	
	Dates Employed From (month/year) – To (month/year)			Title	
	Name and Title of Supervisor			Telephone Number (      )	
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

**BUSINESS REFERENCES**

**APPLICANT NAME** \_\_\_\_\_

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1.		(     )
2.		(     )
3.		(     )

**ADDITIONAL INFORMATION**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)


**CRIMINAL RECORD INFORMATION**

Instructions for answering the next two questions below:

**A. All Applicants.**

Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.

**B. District of Columbia Applicants.**

Do not respond to the second question (regarding pending charges).

<p><b>1. Convictions/Pleas.</b> In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2. Pending Charges.</b> Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>CRIMINAL RECORDS:  If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <b><i>Criminal convictions or arrests will not automatically disqualify an applicant from employment.</i></b></p> <hr/> <hr/>	

**AGREEMENT (Please read the following statement carefully.)**    **APPLICANT NAME** \_\_\_\_\_

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application process may disqualify me from further consideration for employment and may be considered for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give the company any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the company from liability for any damage that may result from furnishing same to the company.

If employed by the company I agree to abide by the policies and procedures of the company which include their Anti-Harassment policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of the company or myself. I further understand that no manager or representative of the company other than the President has any authority to enter into any agreement, oral or written, for term of employment or to make any assurances or promise of continued employment.

I understand that the company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by the company as part of the pre-employment background investigation and of hires, at any time during my employment.

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to the company. I understand that any positive drug or alcohol may preclude my employment.

**SIGN AND DATE THE FORM**

Applicant's Signature  .....	Print Applicant's Full Name	
	Last 4 Digits of Social Security Number	Date Signed