

# Employment Application

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

This is a Drug-Free Workplace Offering Equal Employment Opportunities

## YOUR PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Home Telephone
Address	City/State	Zip Code	Cellular Telephone
E-Mail Address			
Preferred Method of Contact: <input type="checkbox"/> Home Telephone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-Mail			
<input type="checkbox"/> Other _____			

## YOUR WORK HISTORY AND ANY EMPLOYMENT GAPS

*Must be completed even when accompanied by resume)*  
*List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap.*  
*You must also provide a complete work history for a minimum of 15 years.*

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone:		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone:		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			Supervisor's Name
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone:		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			Supervisor's Name

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected classes under state, local or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

## MORE OF YOUR WORK HISTORY AND ANY EMPLOYMENT GAPS

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
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Resigned •• OR Terminated •• State Reason:			
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Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
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	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			
Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)			
Phone:			
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
Resigned •• OR Terminated •• State Reason:			

## TELL US ABOUT YOURSELF

You must answer every question on this application. If a question does not apply, put "N/A." Please print.

What position are you applying for? \_\_\_\_\_

What is your salary expectation? \$ \_\_\_\_\_ When can you start work? (Date) \_\_\_\_\_

How were you referred to us? \_\_\_\_\_  
(If you were referred by a person, please provide the name)

Have you completed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, date/position/location \_\_\_\_\_

Are you available to work (Check any that apply):  Full-time  Part-time  Temporary  Nights  Weekends

Are there any days or times during the week that you are not available to work?  Yes  No  
(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)

If yes, please list the days/times you are not available to work \_\_\_\_\_

If necessary, can you provide proof that you are over any minimum work age requirement?  Yes  No

Are you willing to work overtime?  Yes  No Do you have steady transportation to work?  Yes  No

Can you travel, if required?  Yes  No What percentage of time? \_\_\_\_\_

Are you on a layoff and subject to recall?  Yes  No May we contact your present employer?  Yes  No

How much time have you lost from work during the past 12 months? \_\_\_\_\_

Are you now, or do you expect to be, engaged in any other business or employment while working here?  Yes  No

If yes, please explain \_\_\_\_\_

Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been refused bond?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No (Proof of citizenship status/identity required upon hire)

What three things are most important to you in a job? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What three adjectives best describe you? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

What type of work do you most enjoy? \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

## TELL US ABOUT YOUR SPECIAL SKILLS AND QUALIFICATIONS

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company \_\_\_\_\_

List any professional, trade, business, or civic activities or offices held that would relate to working here \_\_\_\_\_

List any foreign languages that you fluently speak, read, and/or write that would relate to working here \_\_\_\_\_

List software programs that you are proficient in \_\_\_\_\_

## YOUR EDUCATIONAL BACKGROUND

Schooling	Did You Graduate?	Years Completed	Degree Received and Major Subject	Name of School	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## TELL US ABOUT YOUR DRIVING RECORD

*Necessary for positions that may require use of a personal or company vehicle for work*

Do you hold a valid Driver's License?     Yes    No      If yes, provide the state \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last 3 years?     Yes    No

If yes, give date(s) and explanation of each \_\_\_\_\_

## TELL US ABOUT YOUR PAST

*Answering "yes" to any of these questions is not an automatic bar to employment.*

Have you ever been disciplined or terminated from any job for an act of violence, harassment, discrimination, ethical breach or theft?

Yes    No      If yes, explain the circumstances, employer, and date \_\_\_\_\_

Have you ever been a defendant in a civil action for an intentional tort? *(e.g. assault, battery, false imprisonment, infliction of emotional distress, tortious interference with a business relationship, defamation, invasion of privacy, fraud and misrepresentation, abuse of process and malicious prosecution or others)*

Yes    No      If yes, provide an explanation of the nature of the intentional tort, the date of the action, the location, and the disposition or outcome \_\_\_\_\_

Do you currently have any criminal charges pending against you?

Yes    No      If yes, describe the details of the charge(s), the date(s) of the offense(s) (month and year), your age at the time of the offense(s), and the current status of the charge(s) \_\_\_\_\_

Are you currently wanted by any law enforcement agency?

Yes    No      If yes, by what agency and for what act? \_\_\_\_\_

## Massachusetts Candidates Only

*All others proceed to next section.*

Have you been convicted of a felony?     Yes    No

If yes, please describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense \_\_\_\_\_

Have you been convicted of a misdemeanor within the past 5 years? *(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)*     Yes    No

Have you completed a period of incarceration within the past 5 years for any misdemeanor? *(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)*     Yes    No

If the answer to the above question is "yes" were you convicted more than 5 years ago for any offense? *(Other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)*     Yes    No

## TELL US ABOUT ANY RECORDS

*Must be answered by all candidates other than those in Massachusetts.*

Have you ever been convicted of; received a sentence for; pled nolo contendere (no contest) to; been placed on probation, fined, or entered a pretrial intervention program for; or had adjudication withheld by any judicial or quasi-judicial body for a crime, other than a minor traffic violation? (Any criminal record not disclosed by you may be considered falsification of this application, which may result in revocation of your employment offer or termination of your employment. Also, in accordance with any state or federal regulations, you may be required to provide copies of any criminal records. Answering "yes" to this question is not an automatic bar to employment.)

Yes  No

If yes\*, describe the details of the conviction or other disposition of the charge, the date of the offense (month and year), your age at the time of the offense, and your rehabilitation since the conviction and/or disposition of the offense (See below for specific instructions related to your particular state. If your state is not listed, answer this question as worded.)

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**\*Connecticut Candidates:**

- Applicants do not have to disclose erased records of arrests, criminal charges, or convictions;
- Applicants with erased criminal records can swear under oath that they have never been arrested; and
- Criminal records eligible for erasure include delinquency determinations, findings as a child in a family with service needs, youthful offender adjudications, dismissed or nolle criminal charges, criminal charges where the accused was found not guilty or received an absolute pardon, and any other conviction where erasure is allowed by law.

**\*Michigan Candidates:**

For any misdemeanors, list only those that resulted in convictions.

**\*Nevada Candidates:**

List all felony convictions and any misdemeanor convictions that occurred in the past 10 years and that resulted in imprisonment.

**\*Rhode Island Candidates:**

List convictions only.

**\*Utah Candidates:**

For any convictions, list only felonies.

**\*Washington State Candidates:**

List any convictions or terms of imprisonment within the past 10 years only.

## YOUR MILITARY SERVICE

Branch of Service

Rank at Discharge, If Applicable

List Duties and Special Training and/or Skills

## AGREEMENT AND RELEASE

For the purpose of this agreement and release, the organization that has provided you with this application is referred to as "the company," "this company," or "you". The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. I consent to the release of any or all medical information or records deemed necessary to determine my capability to perform the essential job functions of the position for which I may hold.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted that employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period.

I have read, understand, and by my signature consent to these statements.

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

Date \_\_\_\_\_

## YOUR EMERGENCY CONTACT

In Case of an Emergency, I Authorize You to Contact:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_