

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

POSITION REQUESTED: _____ **DATE:** _____

Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Previous Address: _____ City: _____ St: ___ Zip: _____

Telephone Number: (Home) _____ (Cell) _____ (Other) _____

E-mail Address: _____

Please Note:

This application form was designed for use by applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. The Company is an at-will employer and may hire or terminate with or without notice for cause or without cause.

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

May we contact this employer? YES NO

Your Job Title: _____

Reason for Leaving: _____

Duties: _____

Job Verification Completed By: _____ **Dated:** _____

Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)

Employer Name: _____ Dates: From: _____ To: _____
(mo/yr) (mo/yr)

Employer Address: _____

Supervisor Name: _____ Phone Number: _____

May we contact this employer? YES NO

Your Job Title: _____

Reason for Leaving: _____

Duties: _____

Job Verification Completed By: _____ **Dated:** _____

Is the applicant eligible for rehire? YES NO (If NO, is this normal company policy? Yes No)

GENERAL INFORMATION

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? Yes No

Are you below the age of eighteen? Yes No

Have you previously applied for employment here? Yes No When? _____

Have you previously been employed by this company or any of its subsidiaries? Yes No

If yes, When? _____ Company Name _____

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By electronically signing this Application for Employment, I acknowledge and agree that I am providing my electronic signature below and that my electronic signature is binding just like a written signature in ink.

Signature: _____ **Dated:** _____

Printed Name: _____

Additional Policy Acknowledgment

Drug Free Workplace Policy

Our Company believes in a Drug Free Workplace environment. You may be subject to participate in a pre-employment drug screening test. The results of this test will determine whether or not employment will occur. If you are employed with our Company, you must adhere to our drug policy.

Employment Records Release

Should I become employed by this Company, I authorize this Company to release any of my employment records requested by other companies with which I wish to be considered for employment in the future. My desire to be considered for employment with another company in the future will be evidenced by a release form from that Company. I agree to release this Company from liability for any action or consequences of such disclosure. Furthermore, I acknowledge and approve that any company that I have listed as a previous employer may release information about my previous employment history with them to this entity.

By electronically signing this Additional Policy Acknowledgment, I acknowledge and agree that I am providing my electronic signature below and that my electronic signature is binding just like a written signature in ink.

Signature: _____ **Dated:** _____

Printed Name: _____