



EMPLOYMENT APPLICATION

In compliance with federal, state, and local equal employment opportunity laws, qualified applicants are considered without regard to any protected class status.

Position Applying For: _____ Date: _____

PERSONAL INFORMATION

Last Name

First Name

Address

City

State

Zip

Email Address

Phone

Are you at least 18 years of age?

☐ Yes ☐ No

If not, can you submit a work permit?

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

If so, may we contact your current employer?

☐ Yes ☐ No Phone: _____

Have you ever applied with this company before?

☐ Yes ☐ No

Have you ever worked for this company before?

☐ Yes ☐ No

How did you hear about the open position?

DESIRED EMPLOYMENT / AVAILABILITY

Other than the position you're applying for, is there a specific type of work you're seeking?

I'm interested in:

☐ Full-Time ☐ Part-Time ☐ Temporary

Desired Salary

If hired, when would you be available to start?

If given an offer, are you willing to submit to a pre-employment drug screening test?

☐ Yes ☐ No

What days/hours are you available?

Can you work overtime (including evenings and weekends) if needed?

☐ Yes ☐ No

EDUCATION

School Level	Name and Location of School	Course of Study	Level Completed	Diploma/Degree
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Describe any job-related specialized training, apprenticeships, skills, extra-curricular activities, or licences/certificates you have received (please do not include any information that would reveal a protected class status):

List any job-related professional or technical organizations to which you belong (please do not include any information that would reveal a protected class status):

EMPLOYMENT HISTORY

List your three most recent positions held, in order from most to least recent.

1	Job Title	Start Date	End Date
	Name of Employer	City/State	
	Description of responsibilities		
	Name and title of supervisor	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____	
	Reason for leaving		

2	Job Title	Start Date	End Date
	Name of Employer	City/State	
	Description of responsibilities		
	Name and title of supervisor	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____	
	Reason for leaving		

3	Job Title	Start Date	End Date
	Name of Employer	City/State	
	Description of responsibilities		
	Name and title of supervisor	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____	
	Reason for leaving		

SPECIALIZED SKILLS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Outlook	<input type="checkbox"/> Forklift	<input type="checkbox"/> Auger
<input type="checkbox"/> POS Software	<input type="checkbox"/> Graphic/Web Design	<input type="checkbox"/> Hand Cart	<input type="checkbox"/> _____
<input type="checkbox"/> MS Office Products	<input type="checkbox"/> IT/Programming	<input type="checkbox"/> Conveyer Belt	<input type="checkbox"/> _____

PROFESSIONAL REFERENCES (MAY INCLUDE ONE PERSONAL REFERENCE)

Name	Organization	Relationship	Phone

ACKNOWLEDGEMENT OF JOB REQUIREMENTS

Can you meet the job requirements of the position for which you're applying, with or without an accommodation?

☐ Yes ☐ No

Can you meet the work schedule and attendance requirements of the position for which you're applying?

☐ Yes ☐ No

Can you, upon receiving an offer of employment, submit verification of your legal right to work in the United States?

☐ Yes ☐ No

APPLICANT'S STATEMENT

I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.

I authorize investigation/verification of all statements contained in this application and the references, former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include education, employment verification, and personal references. I release the company from all liability for any damage that may result from receiving and/or using such information.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.

Signature of Applicant

Date