

EMPLOYMENT APPLICATION

This Company is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

Position Applied For	Date of Application
----------------------	---------------------

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Primary Phone	Email Address	
Street Address	Apt No.	City
		State
Zip Code		
Name & Phone number of person to be notified in case of emergency		E-mail Address
Do you have the legal right to work in the U.S.? Proof of legal authority to work in the U.S. is a condition of employment.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least age 18? Proof of age and work permits may be required prior to hiring.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a crime other than a traffic violation?*		Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: You should exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment; each case will be considered on its own merits.		
If yes, please explain and state the charge, court, date of each conviction, and disposition of the case:		

*Some states limit the types of crimes (e.g., felonies) for which information can be sought and the time frame during which employers can inquire about convictions.		

GENERAL INFORMATION

How did you hear about us? Referred by (if applicable) : _____	What interested you in this Company?
Have you ever applied or worked for this Company before? If yes, please give dates and reason for leaving or results of application: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you related to any current or former employee of the Company? If yes, to whom: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have reliable means of transportation to and from work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
When are you available to start?	What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
What days are you available to work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
What hours are you available each day? _____	

EDUCATION

	Name of School and Address	Graduated (Yes/No)	Number of Years	Course or Major	Grade Point Average
High School					
College					
Certifications/Other					
Extracurricular Activities, Hobbies and Special Interests (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or existence of any disability)					

