

<b>NAME OF POSITION(S) APPLIED FOR</b> _____	<b>DATE AVAILABLE</b> _____
<b>TYPE OF EMPLOYMENT DESIRED</b> (circle one): F/T P/T TEMP	<b>DAYS &amp; TIMES YOU'D LIKE TO WORK</b> _____

NAME \_\_\_\_\_  
LAST FIRST MIDDLE FORMER NAMES USED

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_  
AREA CODE NUMBER

**Are you at least 18 years of age?** ..... YES / NO (If under 18, hire is subject to verification that you are of minimum legal age and possess a valid work permit if applicable.)

**Are you legally eligible for employment in the United States?** (Proof of citizenship or immigration status will be required upon hire) ..... YES / NO

**Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?** ..... YES / NO

**If no, describe the functions that cannot be performed** \_\_\_\_\_

(Note: We comply with the ADA and applicable state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

**EMPLOYMENT HISTORY** List your last three employers beginning with the most recent. Include Military experience.

<b>CURRENT EMPLOYER</b> May we contact them?.....YES / NO	PHONE	EMPLOYED FROM	EMPLOYED UNTIL
ADDRESS	YOUR JOB TITLE	HOURLY RATE/SALARY	
DESCRIBE WHAT YOU DID	REASON FOR LEAVING	SUPERVISOR (Name and Title)	
<b>PREVIOUS EMPLOYER</b> May we contact them?.....YES / NO	PHONE	EMPLOYED FROM	EMPLOYED UNTIL
ADDRESS	YOUR JOB TITLE	HOURLY RATE/SALARY	
DESCRIBE WHAT YOU DID	REASON FOR LEAVING	SUPERVISOR (Name and Title)	
<b>PREVIOUS EMPLOYER</b> May we contact them?.....YES / NO	PHONE	EMPLOYED FROM	EMPLOYED UNTIL
ADDRESS	YOUR JOB TITLE	HOURLY RATE/SALARY	
DESCRIBE WHAT YOU DID	REASON FOR LEAVING	SUPERVISOR (Name and Title)	

**EDUCATION**

NAME AND LOCATION SCHOOL	COURSE OF STUDY	GRADUATED?	DEGREE
		YES / NO	
		YES / NO	

**JOB-RELATED SKILLS** List any other special skills, aptitudes, experience, or professional licenses or certificates which qualify you for the position.

**REFERENCES** List people we may contact who are qualified to evaluate your business capabilities (Do not include friends or relatives).

NAME	(AREA CODE) PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

My signature below indicates that I have read and understand the following:

1. Acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and pre-employment process. I understand that should the Company find that any statement I have made is not truthful, any job offer extended to me may be withdrawn and if employed, I may be subject to dismissal.
2. I authorize the Company to make any inquiry deemed necessary for employment consideration, continued employment, and promotion within the organization including but not limited to relevant medical & drug testing, criminal background check, workers' comp history, and motor vehicle record.
3. I understand this employment application is not to be construed as a guarantee of employment for any specific term. I further understand that my employment with THE COMPANY does not constitute any form of contract, implied or expressed, and such employment will be terminable at-will either by myself or THE COMPANY upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by THE COMPANY.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Equal Employment Opportunity Data

Employee \_\_\_\_\_ Employee No. \_\_\_\_\_ Effective Date of Action \_\_\_\_\_

## To be completed by employee:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your employment. We are required by law to collect this information for equal opportunity employment purposes, but it will not become part of your personnel record.

Name \_\_\_\_\_: Sex:  Male  Female

Ethnicity:  Hispanic  Latino

Race:  American Indian/Alaskan Native  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 Black or African American  
 White  
 Two or More Races

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

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## To be completed by employer:

EEO-1 Category:  1. Officials and managers – Executive/ Sr. Level  6. Office and clerical  
 1. Officials and managers – First Level/Mid  7. Crafts - skilled  
 3. Professionals  8. Operatives - semi-skilled  
 4. Technicians  9. Laborers - unskilled  
 5. Sales  10. Service workers