



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Driver's License #: _____ State _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO
If yes, explain: _____

Can you work on Weekends? YES NO

Do you have an automobile? YES NO
If NO, how would you get to work: _____

Do you smoke? YES NO Do you use any Drugs or Medications? YES NO
If your answer is YES, to any of the above, please explain: _____

Do you have any physical conditions which may make it difficult? YES NO
If your answer is YES, to the above, please explain: _____

Can you lift 50 pounds without a problem? YES NO
If your answer is NO, to the above, please explain: _____

Have you had in the past or presently any problems with: YES NO
Back Pain, Arm, Legs, Hands, Wrist, Knees, Feet, Neck or any other parts of your body?
If your answer is YES, to the above, please explain in detail: _____

Have you had any Injury or Surgery to the below? YES NO
Back, Arm, Legs, Hands, Wrist, Knees, Feet, Neck or any other parts of your body?
If your answer is YES, to the above, please explain in detail: _____

Do you have or in the past had any problem with your vision? YES NO

If your answer is YES, to the above, please explain in detail: _____

Do you have High Blood Pressure? YES NO Do you have Low Blood Pressure? YES NO

Do you take any medication for Blood Pressure? YES NO

Do you or have you had in the past any of the following:
Heart Problem Cancer Bleeding Fainting Spells
Fatigue Convulsions Diabetes Other
Please explain in detail: _____

Do you have any allergies? YES NO If YES, explain: _____

Do you agree to a Background Check? YES NO If NO, explain: _____

OUR COMPANY IS A DRUG FREE WORK PLACE

WE WILL CONDUCT A PRE-EMPLOYMENT DRUG TEST AND RANDOM DRUG TEST DURING YOUR EMPLOYMENT

Will you agree to a Pre-Employment drug test and random drug testing thereafter? YES NO

If your answer is NO, please explain in detail: _____

The cost of the drug testing will be covered by the Company, however if you are hired and decide to leave your employment before the 90 days probationary period, the cost of the pre-employment drug test will be deducted from your final pay check.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EQUAL OPPORTUNITY EMPLOYMENT, VOLUNTARY INFORMATION

The information requested complies with Federal Laws. We provide equal employment opportunity and may ask your national origin, race, age and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment Any information given by you is entirely voluntary and it will not influence, jeopardize or be considered for the purpose of employment.

Race: African American Asian Native Hawaiian/Islander White
Ethnicity: Hispanic or Latino Not Hispanic or Latino

Languages Spoken: _____ , _____

Languages Written: _____ , _____

Disclaimer

- 1- I UNDERSTAND THIS POSITION (IF HIRED) WILL BE SUBJECT TO A 90 DAYS PROBATION PERIOD. AFTER THE 90 DAYS PROBATION IS WHEN IT WILL BECOME A PERMANENT POSITION.
- 2- I UNDERSTAND AND AGREE TO TAKE A PRE-EMPLOYMENT DRUG TEST AND RANDOM DRUG TESTING THROUGHOUT EMPLOYMENT.
- 3- I CERTIFY THAT ALL OF MY ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT AND THAT THE INFORMATION GIVEN HEREIN HAS BEEN GIVEN BY ME ENTIRELY VOLUNTARY.
- 4- I UNDERSTAND AND AGREE THAT AS A PART OF THE COMPANY'S PROCEDURE FOR EMPLOYMENT, MY PERSONAL AND EMPLOYMENT REFERENCES MAY BE CHECKED AND THAT ANY FALSE, OMITTED, MISREPRESENTED OR WRONG INFORMATION GIVEN BY ME, LISTED IN THIS APPLICATION, OR SUPPLIED DURING MY INTERVIEW WILL BE CAUSE FOR IMMEDIATE DISCHARGE IF HIRED.
- 5- I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO SUPPLY PROOF OF AGE, AUTHORIZATION TO WORK IN THE US, HAVE A DRUG TEST AND OR PHYSICAL EXAMINATION, OR TO SIGN A CONFLICT OF INTEREST AGREEMENT AND ABIDE BY ITS TERMS.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____