

# Application for Employment

Please Print



## NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle  
 Address \_\_\_\_\_  
Street City State ZIP Code  
 Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM PM

☐ Home ☐ Cellular/Other

May we contact you at work? ..... ☐ Yes ☐ No

If yes, work number and best time to call:

( ) \_\_\_\_\_ : \_\_\_\_\_ AM PM

If you are under 18 and it is required, can you furnish a work permit? ..... ☐ N/A ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? ..... ☐ Yes ☐ No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? ..... ☐ Yes ☐ No

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? ..... ☐ Yes ☐ No

Date available for work ..... / \_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_