

# Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

Print clearly and complete ALL information requested.

Name \_\_\_\_\_  
First Middle Initial Last

Present Address \_\_\_\_\_  
Street city State Zip

Permanent Address (if different) \_\_\_\_\_  
Street city State Zip

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ SSN \_\_\_\_\_

If you are hired, can you furnish proof that you are over 18 years of age?  yes  no

If you are hired, can you present evidence of you legal right to live and work in this country required by law?  yes  no

Do you have a current, valid driver's license?  yes  no

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? Including climbing ladders, working on roofs, overnight and out of state travel and long hours of manual labor.  yes  no

Position Desired \_\_\_\_\_ Date you can Start \_\_\_\_\_ Desired Salary \_\_\_\_\_

Which do you prefer?  full-time  part-time during the following days and hours \_\_\_\_\_

Are you employed now?  yes  no If so, may we contact your current employer?  yes  no

Have you ever applied or worked for this company before?  yes  no If yes, specify dates \_\_\_\_\_

Additional training, skill, and specialized achievements relevant to position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served in the United States Armed Forces?  yes  no Branch \_\_\_\_\_ Final Rank \_\_\_\_\_

Education	Name of School	City and State	# of Years Completed	Did you Graduate?	Degree(s) Earned
High School					
College					
Graduate					

List present and past employers beginning with the most recent. Attach additional sheets as needed.

Month/ Year	Name & Address Of Employer	Initial Position & Duties	Starting Pay	Previous Supervisor	Reason for Leaving
		Final Position & Duties	Ending Pay	Phone Number	
From:					
To:					
From:					
To:					
From:					
To:					

Have you ever been terminated or asked to resign from any job?  yes  no If yes, please explain circumstances \_\_\_\_\_

Please fully explain any gaps in your employment history \_\_\_\_\_

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

0-10 Days  10-30 Days  30+ Days

Do you have adequate and reliable transportation to and from work?  yes  no

Do you have any friends or relatives who work for the company?  yes  no If yes, who? \_\_\_\_\_

List three personal references who know you well but who are not previous employers or relatives.

Name	Address	Phone Number	Relationship

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must call and reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X \_\_\_\_\_  
Signature of Applicant Date