



\*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, of the presence of a non-job related medical condition or handicap.

APPLICAT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a Misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

Previous Employment	
Company	Phone ( )
Address	Supervisor

Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

POSITION APPLIED FOR:	
Date Available	Full Time ____ Part Time ____
Do you have current license for this position? Yes ____ No ____	License number _____
Emergency contact name and phone number:	

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and completed to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that, if hired, regardless of any representations to the contrary, the employment relationship between the Company terminable at will, and I so that both the Company and I remain free to choose to end our work relationship anytime for any or no reason. Any changes in this employment relationship must be made in writing.</p> <p>I also understand that a doctor selected by the Company, to determine whether I can perform the job duties, my condition any offer of employment upon a health evaluation. In addition, I understand a drug and /or alcohol test may be required depending upon Company policy. I authorize the Company to maintain a thorough investigation of my past employment, education and job related activities and I release from liability all persons, companies, and corporations supplying such information including, but not limited to the employers stated in this application. I also indemnify this Company against any liability that might result from making such investigation.</p> <p>Additionally, I authorize the Company to supply my employment record, in this sole discretion, in whole, in part, to any prospective employer, government agency, or other part, with an interest that the company deems appropriate.</p>
Signature _____ Date _____

EMPLOYEE INFORMATION	
Name	SSN:
Position	Date:
Company providing reference check:	
Eligible for rehire?	Reason for leaving
Employment dates from	to

RATINGS					
	1=Poor	2=Fair	3= Satisfactory	4=Good	5=Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Attendance/ Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Appearance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Communication/ listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Communication/ Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> <i>(average the rating numbers above)</i>					

EVALUATION
ADDITIONAL COMMENTS

AUTHORIZATION TO RELEASE INFORMATION	
<i>Hereby authorizes you to issue any information you may have regarding my service and character and do hereby, unconditionally release your organization from all liability for any damage whatsoever which might result from your cooperation.</i>	
Employee Signature	Date
Manager Signature	Date