

## Employment Application

*It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability, sexual orientation, veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.*

### Applicant Information

Name:		Date:	
Are you 18 years or older: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you authorized to work in the US: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address:			
City:		State:	ZIP:
Telephone #:	Alternate Cell Phone #:		Desired Salary:
Job applying for:		Date available to start:	
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:		Employer Telephone #:	
Are you on a layoff status & subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps of employment:			
Education:		Last Grade Completed:	
Military Service:			
Have you ever been convicted or pled guilty or no contest to any criminal offense? <i>(Criminal convictions are not an automatic bar from employment but will only be considered in relation to specific job requirements.)</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If the position requires travel, are you able: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required, please provide DL #:		State:	
Will you abide by the safety rules of the company: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been terminated from employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### IMPORTANT – Please Give Name and Address of Past 3 Employers

<b>Employer #1:</b>			
Employer Address:		Type of Work:	
Start Date:	End Date:	Wages:	
<b>Employer #2:</b>			
Employer Address:		Type of Work:	
Start Date:	End Date:	Wages:	
<b>Employer #3:</b>			
Employer Address:		Type of Work:	
Start Date:	End Date:	Wages:	

### References

<b>Name of Reference #1:</b>		Phone:	
Address:	City:	State:	ZIP:
<b>Name of Reference #2:</b>		Phone:	
Address:	City:	State:	ZIP:
<b>Name of Reference #3:</b>		Phone:	
Address:	City:	State:	ZIP:

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### *Additional Terms & Conditions of Employment*

**Please initial each below:**

\_\_\_\_\_ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application

\_\_\_\_\_ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying. I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

\_\_\_\_\_ I understand that a background check may be conducted during the employment process and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

\_\_\_\_\_ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties as well as any time throughout my employment according to company policy. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

\_\_\_\_\_ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

\_\_\_\_\_ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

\_\_\_\_\_ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

\_\_\_\_\_ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will be bound by the rules and regulations now or hereafter in effect.

\_\_\_\_\_ I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of \_\_\_\_\_.  
I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_