



# EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

Qualified applicants will receive consideration for employment without discrimination because of sex, marital status, race, color creed, national origin, age or the presence of a disability.

Position applied for: \_\_\_\_\_

## PERSONAL INFORMATION:

Your name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? (Circle One) YES NO

I am seeking a permanent job (Circle One) YES NO I am seeking temporary work until (Date) \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accomodation? (Circle One) YES NO

If necessary for the job, I am able to provide a valid drivers license? (Circle One) YES NO

Drivers license Number: \_\_\_\_\_ State: \_\_\_\_\_

If necessary for the job, are you over the age? (Circle One) 18 21

Are you physically able to work 16 hour days and lift 50 pounds? (Circle One) YES NO

Do you warrant that you are fit for duty and have no physical disabilities, illness or lingering injuries at the present time? (Circle One)

YES NO If No, please explain: \_\_\_\_\_

I will be able to REPORT TO WORK \_\_\_\_\_ days after BEING NOTIFIED that I am hired.

## EMPLOYMENT HISTORY:

List last employment first. Include summer or temporary jobs. Be sure all of your experience or previous employers are listed here or in the summary (following this section) use an extra sheet of paper if necessary.

COMPANY NAME		POSITION
COMPANY ADDRESS		STARTING PAY FINAL PAY
SUPERVISOR NAME	PHONE	JOB DUTIES
START DATE (MONTH/YEAR)	FINISH DATE (MONTH/YEAR)	REASON FOR LEAVING

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