



## **Employment Application**

PLEASE COMPLETE APPLICATION AND RETURN TO THE OFFICE

PLEASE PRINT NAME:	
Today's Date:	
INTERVIEW DATE:	
INTERVIEWED BY:	
ADDITIONAL NOTES:	









## APPLICATIONS NOT FILLED OUT COMPLETELY WILL BE REJECTED

This Company is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, sexual orientation, veteran's status, disability, or any other characteristic protected under state or federal law. ANY APPLICANT WILL BE IMMEDIATELY REJECTED FOR EMPLOYMENT OR, IF HIRED, TERMINATED WITHOUT NOTICE FOR GIVING FALSE INFORMATION IN THIS APPLICATION OR FAILING TO ACCURATELY PROVIDE INFORMATION REQUESTED. IF HIRED, EMPLOYMENT IS FOR NO FIXED TERM AND THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.

1.Full Name(Last) (First) (Middle)	S.S.N
List all other names you have worked under or are	known by:
2.Address:	Phone Number:
2.Address:	
How long have you been a resident of the city in wl	hich you reside?
Last previous address	
3. If hired, can you furnish proof of age? Yes □ No □ subject to verification that applicant's age meets le	
4. For what position are you applying? (Note applic 1 <sup>st</sup> Choice 2 <sup>nd</sup> Choice	
5. Are you skilled on a computer? Yes □ No □ List coffamiliar with:	
6. Do you have any work-related military experienc If "Yes" please explain:	
8. Have you ever been an employee of this cor name: Yes□ No□ If "yes" please give name:	
9. Have you ever been terminated or asked to	resign? Yes□ No□ If "yes" please explain:
10. Do you have a means for getting to work regula	rly? Yes□ No □

11. If an offer of employment is made, and prior to your commencement of employment duties, you may be required to undergo a drug test, the results of which may affect the offer of

employment. Are you willing to undergo such drug test?

Yes□ No □









12. EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION Give last five employers in chronological order. Do not make any omissions.

Name of last Employer:			Phone Number:		
Adress					
name of imm	nediate superviso	or:			
From:	To:	Previ	ous Pay:	Reason for leaving:	
				ber:	
Name of imm	nediate superviso	or:			
				Reason for leaving:	
	Employer:			ber:	
From:	To:	Previ	ous Pay:	Reason for leaving:	
				ber:	
Name of imm	nediate superviso	or:			
				Reason for leaving:	
				ber:	
	nediate superviso To:		ous Pay:	Reason for leaving:	
(Do not inclu	de traffic tickets.	.) Yes $\square$ No $\square$ If " $\gamma$	es" state crime: _	r another name? ion:	
If "yes" state	crime: _	Date:	Charge:	Court (justice, muni, etc.)	

(Note: Conviction of a crime or crimes will not necessarily disqualify you from employment.)









14.						
A. Are you over 18 years of age? Yes □ No □						
B. Are you ove	er 21 years of	age? Yes 🗆 N	0 🗆			
C. If necessary	y, could you v	vork overtime	? Yes □ No □			
D. If necessary	y, can you tra	vel or relocate	e? Yes 🗆 No 🗆			
E. Which lang	uages are you	រ fluent in? Er	nglish 🗆 Spanis	sh 🗆 Other:		
F. Do you hav	e a valid Neva	ada driver's lic	cense? Yes□ N	lo □		
G. Have you e	ver had your	driver's licens	se suspended (	or revoked?	Yes □ No □	
H. From what	state(s) do yo	ou currently p	ossess a valid	driver's licer	nse?	
I. List out-of-	state driver's	license identi	fication numb	er:		
15. Education		<b>,</b>		<u>,                                      </u>		
Education	Name of	Graduated	Graduation	Major	Minor	Degree
	School	Yes or No	Date:			
High School						
College						
Graduate						
School						
Trade or						
Business						
Correspondence						
16. What prompte	d your applica	ation? Employ	ment agency	□ Own acco	rd □ Advertis	sement 🗆
Employee referral:	□ Other □					
Name of employe						
17. Emergency Cor	ntact: Name:					
Phone Number:						
Relation:						









## AFFIDAVIT -PLEASE READ CAREFULLY

I have truthfully disclosed all information asked for in this application.

I authorize contact with any person or entity named in this application and any other person or entity who may have knowledge concerning my past for the purpose of obtaining information material to my qualifications and suitability for employment.

I authorize all of those with whom I am acquainted -previous employers, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history and others -to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

Since all employees are hired for an indefinite and unspecified duration, none of these classifications guarantees employment for any specific length of lime. I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment. Employment is at the mutual consent of the employee and the company.

Accordingly, either the employee or the company can terminate the employment relationship at will, at any time, with or without cause or advance notice. Furthermore, no employee or representative of the company, other than the President, has any power or legal authority to alter the at-will nature of the employment relationship. The President can alter the nature of the relationship only if he expressly does so in a written agreement that is signed both by the President and the employee involved. This represents an integrated agreement with respect to the at-will nature of the employment relationship.

Date: _	Applic	ant Signature:	
	Received By:	Date:	_
	WER USE ONLY	Interviewer:	
		r Conditioned?   Yes   No If offer con	
Offer accepted	d? □ Yes □ No		
If hired, emerg	gency contact is: Name:	Starting pay: \$	5 per



