



Applicant:

- In order for your application to be considered, it must be filled in completely front and back. Do not skip parts of the application that you think are not needed. If your application is turned in not completely filled out, it can not be considered. Please take your time and fill in the application completely and accurately.

Thank You.

Company Name _____

Address _____

City, State, Zip _____

Phone # _____ Contact _____ Final hourly rate/salary _____

Dates Employed FROM: _____ TO: _____ Your Position _____

Reason for Leaving _____

EDUCATION

Have you completed your High School Education? Yes or No

Name of High School _____

Have you attended and/or completed a Trade School or College Education? Yes or No

Are you currently enrolled in any classes such as College or Trade School? Yes or No

If NO, will you be when the semester starts? Yes or No

List Trade School or College _____

List Degrees, Certificates, or Licenses you hold _____

Did you serve or are you currently in the Military? _____

SKILLS

List all equipment, tools, machines, etc. . . applicable to the job you are applying for that you are capable of safely operating:

Are you bilingual? Yes No

DRIVING RECORD

Do you have any traffic violations on your driving record? Yes No

If yes, please explain? _____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

REFERENCES (OTHER THAN RELATIVES)

1	()
(Name)	Phone #
(Address)	
2	()
(Name)	Phone #
(Address)	
3	()
(Name)	Phone #
(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or other legally protected status.

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national

origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA