

Pre-Employment Application

Our organization reviews applications and employs persons without regard to race, creed, color, gender, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. In addition, we make reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the business, or threaten the health or safety of others at work. If you need assistance in completing this application, let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our organization and does not obligate us in any way. We appreciate your interest.

I. Applicant Information (Please PRINT your name EXACTLY as shown on your Social Security Card.)

First Name	Last Name	Middle Initial
Street Address		
City	State	Zip Code
Telephone	Email	

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Are you over 18 years of age? ☐ Yes ☐ No

II. Education

School	Print School Name, Street Address, City, State & Zip	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Other				

Other Skills (List other job-related skills or qualifications that support your application.)

Honors Received (Certifications, Awards, etc.)

In order to permit us to check your work and educational records, please identify any change of name or assumed name you previously used. (Identify names and relevant dates.)

III. Employment Experience (Please list in chronological order beginning with your most recent employer.)

Employer	Dates Employed	Immediate Supervisor
Address		
Job Title		Telephone
Work Performed		
Reason for Leaving		Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed	Immediate Supervisor
Address		
Job Title		Telephone
Work Performed		
Reason for Leaving		Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed	Immediate Supervisor
Address		
Job Title		Telephone
Work Performed		
Reason for Leaving		Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any hours, shifts or days you will not, or cannot work? ☐ Yes ☐ No If **yes**, please explain:

Do you have any friends or relatives who work here?

☐ Yes ☐ No

Name Relationship

Name Relationship

Name Relationship

IV. Professional References (Note: Listed references may be contacted.)

List three persons not related to you that can speak to your professional work experience.

Name 1	Telephone	Occupation
Relationship	Email	Company
Name 2	Telephone	Occupation
Relationship	Email	Company
Name 3	Telephone	Occupation
Relationship	Email	Company

Have you filed an application with us before? ☐ Yes ☐ No If **Yes**, give approximate date:

Have you ever been employed here before? ☐ Yes ☐ No If **Yes**, list below.

Dates	Job Title	Supervisor	Location

NOTICE TO APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

V. Applicant Statement

Equal Opportunity Employer

This employer (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status, genetic information, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. In addition, the Company makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Company or threaten the health or safety of others at work. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Company or their designated subsidiaries and affiliates permission to contact schools, previous employers, references, and others, and hereby release the Company and their designated subsidiaries and affiliates from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Signature

Date