

Division _____

APPLICATION FOR AT-WILL EMPLOYMENT

Upon completion of this application and background inquiry form, the employer will conduct a background check. The applicant will also be required to complete medical questionnaire pertaining to the specific job description, complete medical exam and pass drug screen testing.

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

(PLEASE PRINT)

Position Applied for:	Date of Application
Date Available to Start Work:	Desired Salary: \$

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

If you need additional space, please continue on a separate sheet of paper.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone				
Job Title				
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone				
Job Title				
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone				
Job Title				
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone				
Job Title				
Reason for Leaving				

List professional, trade, business, or civic activities and offices held.

You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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References

1.	_____	_____
	Name	Telephone

	Address	
2.	_____	_____
	Name	Telephone

	Address	
3.	_____	_____
	Name	Telephone

	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 180 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, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. 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 ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

This application will remain active for 180 days.

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open: Yes	No <input type="checkbox"/>
Position(s) Considered For: _____	Date _____
Notes:	

FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____
INTERVIEWER	DATE
Employed	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Employment _____
Job Title _____	Hourly Rate/ Salary _____
	Department _____
By _____	_____
NAME AND TITLE	DATE