



# EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (Last, First, M.) \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

POSITION DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

AVAILABLE TO WORK \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ DAYS \_\_\_\_\_ NIGHTS \_\_\_\_\_ GRAVEYARD  
 \_\_\_\_\_ ALL DAYS (or only: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun)

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_ YES \_\_\_ NO MINIMUM SALARY ACCEPTABLE \$ \_\_\_\_\_

ANY RELATIVES CURRENTLY EMPLOYED? \_\_\_ YES \_\_\_ NO NAME \_\_\_\_\_

**WORK EXPERIENCE:**

Employer (List most recent employer first)	Date (Month/Year)	Salary	Position	
Name:  Address:  Telephone:	From			Supervisor:
	To			Reason for Leaving:
Name:  Address:  Telephone:	From			Supervisor:
	To			Reason for Leaving:
Name:  Address:  Telephone:	From			Supervisor:
	To			Reason for Leaving:
Name:  Address:  Telephone:	From			Supervisor:
	To			Reason for Leaving:

**EDUCATION:**

Type of School	Name/Location of School	Years Completed	Major Field of Study	Did you Graduate?
Grade School or High School				
College				
Trade, Business or Correspondence				
Other				

Special Skills?

**MISCELLANEOUS:**

- If hired, can you provide documentation of your legal right to work in the U.S.?  YES  NO
- If you wish to be considered for any position involving the handling or service of alcoholic beverages, do you meet the legal age requirement to handle or serve alcoholic beverages?  YES  NO
- Have you ever served in the United States Armed Forces?  YES  NO Which Branch? \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reserve Status? \_\_\_\_\_
- Can you perform the essential functions of the job applied for, with or without reasonable accommodation?  YES  NO  
If no, describe the accommodation that you may need. \_\_\_\_\_  
\_\_\_\_\_
- Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana offenses that are more than 2 years old need not be listed).  YES  NO  
If yes, state the nature of the crime(s), when and where convicted, and disposition of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (not related to you):**

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_  
Company Name/City \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_  
Company Name/City \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Years Known \_\_\_\_\_  
Company Name/City \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

**Please read the following statements carefully before signing this application. Only those applications signed and dated are considered valid.**

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I understand that any omission or falsification of this document and/or attached resume in any detail is grounds for dismissal from employment in accordance with company policy. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further, authorize my references to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation and disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Pre-Employment Inquiry Release

In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Boulevard, 4<sup>th</sup> Floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination from past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experience.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

_____	____/____/____	____-____-____
Applicant Name	Date of Birth*	Social Security Number
_____	_____	_____
Current Address	City & State	Zip Code
_____	_____	_____
Drivers License #	State	Prospective Employer
_____	_____	_____
Applicant's Signature	Date	

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

### Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including sources of information, and the recipients of any reports on which AISS has previously furnished within a two year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.