

## **EMPLOYMENT APPLICATION INSTRUCTIONS**

This application form is used to evaluate qualifications for determining the essential job function for employment. Complete all sections of this application form. False or misleading information during the interview and/or on this application form may be reasons for termination.

Please notify the person that gave you the application form if you need any assistance in filling out the application form or have questions regarding the employment process. Every effort will be made to accommodate your needs in a reasonable amount of time.

Qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or disabilities.

Applicant Name \_\_\_\_\_

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# APPLICATION FOR EMPLOYMENT

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(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

DATE \_\_\_\_\_

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## PERSONAL INFORMATION

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Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
STREET CITY STATE ZIP

Apartment No. \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

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## EMPLOYMENT DESIRED & AVAILABILITY

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What Category Would You Prefer?  Full-Time  Part-Time  Temporary  Labor Pool

What Schedules Can You Work?  Weekdays  Weekends  Evenings  Nights

Overtime  Shifts  Other \_\_\_\_\_

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have You Applied at Any of Our Companies Before?  Yes  No When? \_\_\_\_\_

Have You Ever Worked for Any of Our Companies Before?  Yes  No When? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Last Supervisor at this Company: \_\_\_\_\_

Who Referred You to This Company?  Employment Agency  Newspaper Advertisement  Indeed  Acterra website

State Unemployment Office  College Placement  Walked In  Friend  Other \_\_\_\_\_

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## EDUCATION

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School Level	Name & Location	Dates	Did you Graduate?
High School			
College			
Trade, Business or Other School			

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**FORMER EMPLOYERS (LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH LAST ONE FIRST)**

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Are You Employed Now?

 Yes  No

If Yes May We Contact Current Employer

 Yes  No

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Company Name: \_\_\_\_\_ City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Week/Month/Year?

What Did You Like Most About the Job? \_\_\_\_\_  
\_\_\_\_\_What Did You Like Least About the Job? \_\_\_\_\_  
\_\_\_\_\_Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Week/Month/Year?

What Did You Like Most About the Job? \_\_\_\_\_  
\_\_\_\_\_What Did You Like Least About the Job? \_\_\_\_\_  
\_\_\_\_\_Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Week/Month/Year?

What Did You Like Most About the Job? \_\_\_\_\_  
\_\_\_\_\_What Did You Like Least About the Job? \_\_\_\_\_  
\_\_\_\_\_Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES: (INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY, EXCLUDE RELATIVES)**

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Name	Email Address	Phone	Years Known	Relation
1.				
2.				
3.				

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**JOB RELATED SKILLS (COMPLETE ONLY THOSE SECTIONS WHICH ARE JOB RELATED)**

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List Skills, Licenses, Certificates or Training \_\_\_\_\_

List Languages in Which You Are Fluent: \_\_\_\_\_

If Job Requires, Do You Have a Valid Driver's License?  Yes  No

License No.: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Do You Have Driving Violations?  Yes  No

If Yes Describe: \_\_\_\_\_

Have You Been Given A Job Description or Had the Requirements of The Job Explained?  Yes  No

Do You Understand the Requirements?  Yes  No

Can You Perform the Requirements of The Job with Or Without Reasonable Accommodation?  Yes  No

We Are A Non-Smoking Company and No Smoking Is Allowed in The Buildings In, Which We Are Located.  
Do You Smoke?  Yes  No

Have You Ever Been Convicted of a Felony? \*\*  Yes  No

If Yes Describe: \_\_\_\_\_

\*\* You will not be denied employment solely because of conviction record unless the offense is related to the job for which you have applied.

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**RELEASE AND AUTHORIZATION**

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I certify that I have read and understand the applicant note on page one of this form and that answers given by me to the foregoing questions and the statements made by me are completely true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentations of facts called for in this application may result in rejection of application and/or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history, credit history, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing information.

I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_