Application for Employment Short Form

Instructions: It is the policy of the Company to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name		FIRST	MIDDLE
Address			
STREET			Phone ()
CITY		STATE ZIP CODE	
Social Security #		Position applied for	
Shift preferred □ 1	□2 □3	3 □ Any	
Special training or skills (lar	ıguages, machine op	eration, etc.) that would benefit you in t	he job for which you are applying:
Would you accept full-time	work? ☐ Yes ☐ N	Would you accept part-time wo	rk? 🗌 Yes 🔲 No
On what date would you be	available for work? _		
Have you ever been employe	ed here? ☐ Yes [☐ No If yes, dates:	
Are you legally eligible for ea	mployment in the U	nited States? (If yes, proof is required if l	hired.)
If you are under 18 years old	l, can you provide a v	work permit if required?	o
existence of a disability, part to the extent permitted by la Are you able to perform the	ticular accommodati aw. essential functions o	on, or whether accommodation is neces	ty. Please do not provide information about the sary. These issues may be addressed at a later stage ith or without reasonable accommodation)?
seriousness and nature of th disclose sealed or expunged	e violation, rehabilit records of convictio	ation and position applied for will be tak n or arrest or expunged juvenile records	oyment. Factors such as date of the offense, sen into account. Note: You are not obligated to of conviction or arrest. No If yes, please provide date(s) and details:

Education Background

High School:	Location
Course of study	Did you graduate?
College:	Location
Course of study	Did you graduate?
Graduate School:	Location
Course of study	Did you graduate? ☐ Yes ☐ No Degree or diploma
Vocational Training/Other:	Location
Course of study	Did you graduate? ☐ Yes ☐ No Degree or diploma
Continuing Education:	
Employee Experience	
Place an $\overline{\mathbf{X}}$ by the employer(s) you DO NOT want us to contact. Lie	st your most recent employer first.
☐ Employer	Contact Name
Address	Phone ()
Job Title	
Dates employed: from (mm/yy) to (mm	/yy)/ Hourly rate/salary: starting/ final/
Reason for leaving	
☐ Employer	Contact Name
Address	Phone ()
Job Title	
Dates employed: from (mm/yy) to (mm	/yy)/ Hourly rate/salary: starting/ final/
Reason for leaving	
☐ Employer	Contact Name
* '	Phone ()
Dates employed: from (mm/yy) to (mm	/yy)/ Hourly rate/salary: starting/ final/
Reason for leaving	

Anti-Discrimination Clause

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration. This Company takes all harassment complaints seriously and investigates each one promptly and thoroughly.

Applicant Statement

Applicant's signature _

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

	FOR OFFICE USE ONLY:	
Applicant number		
Employee number	Position	
Hire date/	Class	Skill
Other		
Notes		

EOD OFFICE LISE ONLY.



Attachments: ☐ Résumé

☐ Applicant reference check

Date

☐ Employee data card

☐ Applicant interview

☐ Payroll change notice