

EMPLOYMENT APPLICATION

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Position applying for _____

Preferred shift: ☐ 1st ☐ 2nd ☐ 3rd ☐ Any

Expected pay _____

Would you accept full-time work: ☐ Yes ☐ No

Would you accept part-time work: ☐ Yes ☐ No

Available start date? _____

Have you been employed here before? ☐ Yes ☐ No

If yes, when _____ Position held? _____

Reason for leaving? _____

If you are under 18 years old, can you provide a work permit? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? *This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

☐ Yes ☐ No

☐ Need more information about the job's "essential functions" to respond

Explain any gaps in your employment, other than those due to person illness, injury, or disability: _____

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain _____

Special training or skill (languages, machine operation, etc. anything that would be a benefit in the job you are applying for): _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

If yes, proof is required if hired.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

FOR OFFICE USE ONLY

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

ATTACHMENTS

☐ Resumé

☐ Applicant Reference Check

☐ Applicant Interview

☐ Payroll Change Notice

☐ Employee Data Card

EMPLOYMENT HISTORY

List your most recent employer first.

Place ☒ an by the employer(s) you **DO NOT** want us to contact.

☐ Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Job title _____ Supervisor _____

Dates employed (mm/yy): From _____ To _____ Hourly rate/salary: Start _____ Final _____

Job duties _____

Reason for leaving _____

☐ Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Job title _____ Supervisor _____

Dates employed (mm/yy): From _____ To _____ Hourly rate/salary: Start _____ Final _____

Job duties _____

Reason for leaving _____

☐ Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Job title _____ Supervisor _____

Dates employed (mm/yy): From _____ To _____ Hourly rate/salary: Start _____ Final _____

Job duties _____

Reason for leaving _____

☐ Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Job title _____ Supervisor _____

Dates employed (mm/yy): From _____ To _____ Hourly rate/salary: Start _____ Final _____

Job duties _____

Reason for leaving _____

EDUCATION

HIGH SCHOOL

School name _____ Location _____

Course of study _____

Did you graduate? ☐ Yes ☐ No Degree or diploma _____ Years completed _____

COLLEGE

School name _____ Location _____

Course of study _____

Did you graduate? ☐ Yes ☐ No Degree or diploma _____ Years completed _____

GRADUATE SCHOOL

School name _____ Location _____

Course of study _____

Did you graduate? ☐ Yes ☐ No Degree or diploma _____ Years completed _____

OTHER

School name _____ Location _____

Course of study _____

Did you graduate? ☐ Yes ☐ No Degree or diploma _____ Years completed _____

CONTINUING EDUCATION

READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION

I CERTIFY THAT THE INFORMATION I PROVIDED 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.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I UNDERSTAND THAT THESE RULES AND/OR THE EMPLOYEE HANDBOOK TO 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 FOREGOING.

Applicant's Signature _____ Date _____

PLEASE EMAIL APPLICATION TO BOTH EMAILS

Tom True: kssuper@sbcglobal.net
Gregg Tripp: gregg744@cablemo.net