



APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION			
Print Full Name:		Date:	
Previous Last Name(s) Used:		Current Street Address:	
City:	State:	Zip:	Area Code & Contact Phone Number: ()
Are you a United States citizen or are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(All persons; upon hiring, must verify eligibility to be employed in the United States.)</small>			
Have you been convicted of a felony in the last seven years? Do not answer 'yes' if your official conviction record has been expunged, annulled, or sealed. A conviction does not necessarily disqualify you from consideration for employment; rather any conviction will be assessed as it applies to your qualifications for employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If you do answer 'yes', please explain in detail.			
Do you have any relatives or friends working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department:			
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location?			
B. JOB INTEREST			
Position Applying For:		Referred By:	
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Shift Preference:		Salary Desired:	
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?			
Date available to begin work:		Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. EDUCATION			
Name & Address of School Attended	Did you graduate?	List Diploma or Degree	
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Attending		
College or University	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Attending		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Attending		
D. PERSONAL REFERENCES			
Please list persons (not listed in the employment section) who know of your qualifications and work abilities (do not include relatives):			
Name:	Address:	Phone Number:	Occupation:
		()	
		()	
		()	

List names and addresses where you were employed during at least the last 5 years. Please begin with the most current. Use additional pages if necessary to complete the employment history. You must include the complete address including street, city, state, zip code and phone numbers. Please note that previous employer information provided may be used and the applicant's prior employers may be contacted to investigate the applicant's background.

YOUR EMPLOYMENT HISTORY

E. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Supervisor's Title:
Month	Year	Month	Year	Salary:	Starting:	Ending:	Phone Number:	Fax Number:
							()	()
Job Title & Description of Your Duties:								
Reason For Leaving:								

F. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Supervisor's Title:
Month	Year	Month	Year	Salary:	Starting:	Ending:	Phone Number:	Fax Number:
							()	()
Job Title & Description of Your Duties:								
Reason For Leaving:								

G. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Supervisor's Title:
Month	Year	Month	Year	Salary:	Starting:	Ending:	Phone Number:	Fax Number:
							()	()
Job Title & Description of Your Duties:								
Reason For Leaving:								

H. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Supervisor's Title:
Month	Year	Month	Year	Salary:	Starting:	Ending:	Phone Number:	Fax Number:
							()	()
Job Title & Description of Your Duties:								
Reason For Leaving:								

I. SPECIAL SKILLS & QUALIFICATIONS

Please summarize special skills, qualifications, and civic, social or professional memberships:

RELEASE AND CONSENT

I authorize an inquiry or inquiries to be made on the information provided in this application.

I authorize references, educational institutions, or any employers listed in this application to provide information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information.

I understand and acknowledge that if I misrepresent or omit material facts on this application or in any preemployment conversation or if the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the Company may be terminated immediately without obligation or liability to me other than payment of compensation at the rate agreed upon, for service actually rendered, if I had been employed.

I understand that no Company policies, procedures, or guidebooks that I might receive, are intended to create an employment contract, either express or implied, between the Company and myself for either employment or for the providing of any benefit. I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the Company retains the same right.

Applicants may be subject to a background check(s), drug screen, and/or physical.

All offers of employment are conditional upon satisfactory reference checks and providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Applicant's Signature

Date

Company Name

EMPO is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state, and federal laws.