



## EMPLOYMENT APPLICATION

**ATTENTION:** If you downloaded this application from our website, this is an electronically fillable PDF file. Please **follow these instructions:**

- Download the file to your computer.
- Open it in Adobe Reader (**NOT** in your web browser).
- When finished entering your information, **Save As** a **different file name if you wish.**
- Before sending your application, close this file and open it again to **verify that your information was saved.**

Our Company is an EQUAL OPPORTUNITY EMPLOYER. Qualified applicants receive consideration for employment without regard to their race, religion, color, ancestry, age, sex, disability, or any other legally protected classification. To be considered for employment, this application must be completed fully, including its addendums. Your responses to the questions in this application form must be accurate and complete and they will be judged in relation to the requirements of the job you are seeking. Applications remain active for three months. Applicants selected for employment will be required to prove U.S. citizenship or a legal right to work in the U.S. as determined by the U.S. Citizenship & Immigration Services. This Company is an "at will" employer, which means employment may be terminated by the employee or the Company at any time, with or without notice, and for any reason or no reason at all. Resumes may be attached, but this form still needs to be completed and signed. No photographs please.

### IDENTIFICATION

Name (First)	Name (Middle)	Name (Last)	D.O.B.	S.S.N.
Address (No. & Street Name)		(City)	(State)	(Zip)
Phone Number (Area Code & No.)		E-mail Address		Can we do Background Check? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT DESIRED

Position Desired	
Applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Any	Available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you looking for permanent position? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Will discuss	
Salary or Hourly Rate Expected \$ _____ Per _____ (Hr., Wk., Mo., Yr)	Date available to start

## GENERAL INFORMATION

How did you hear about us to apply for position with us?

- Own Decision  
  Newspaper Advertisement  
  Web Advertisement  
  Private Employment Agency \_\_\_\_\_  
 State Employment Service  
  Another Employee  
  Other Source: \_\_\_\_\_

If applicable, list your Office and/or Computer skills:

- Computer Knowledge (Level: Expert Moderate Beginner)  
  Calculator Skills(Level: Expert Moderate Beginner)  
 Scanner (Skill level:  Expert  Moderate  Beginner)  
 10 Key Calculator  
 Other office machines or equipment: \_\_\_\_\_

If applicable, list your Software and/or Program skills (all product names are trademarked):

- Microsoft: Word Excel Access PowerPoint Publisher Other: \_\_\_\_\_  
 Tax Slayer  
  Drake  
  Lacerte  
  ATX  
  Turbotax (Other list): \_\_\_\_\_  
 QuickBooks (Other Accounting Software list): \_\_\_\_\_  
 Web Design  
 Yes  
 No  
 Other Skills (Please list): \_\_\_\_\_

Current/Active/Valid Licenses, Registrations, Certifications:

Type (Drivers, CDL, RN, CPA, Attorney, Eng., etc.)	Issuing Agency or Organization	Cert., Reg., or ID No. (List full Registration)	Expiration Date

Any problems dealing with the general public?    Yes    No

If Yes, please describe below:

Have you ever been convicted of any violation of law by any court, other than for a minor traffic offense?

Answer "YES" or "NO": \_\_\_\_\_. If YES, please explain, giving date, offense, and disposition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

## EDUCATION/TRAINING

	Name and location of school/training	No. of Yrs. Completed	Diploma/Degree	Program or major courses	Grade Average
Last High School					
College/ University, Professional, Business, or Technical Schools					
Grad School					

List any other training or education

List any languages spoken

## EMPLOYMENT HISTORY

List all employment and periods of unemployment during the last fifteen years. You may list employment prior to fifteen years ago that is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.

Present Employer (Company Name) or period of unemployment		Phone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address                      City                      State                      Zip		Department		
		Supervisor's Name		
Your Job Title	Your Name at the time	Salary/Wage	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/> Contract	
List duties, equipment operated, and special accomplishments				
_____				
_____				
_____				
Reason for leaving				

Previous Employer (Company Name) or period of unemployment		Phone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address                      City                      State                      Zip		Department		
		Supervisor's Name		
Your Job Title	Your Name at the time	Salary/Wage	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/> Contract	
List duties, equipment operated, and special accomplishments				
_____				
_____				
_____				
Reason for leaving				

Previous Employer (Company Name) or period of unemployment		Phone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address                      City                      State                      Zip		Department		
		Supervisor's Name		
Your Job Title	Your Name at the time	Salary/Wage	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/> Contract	
List duties, equipment operated, and special accomplishments				
_____				
_____				
_____				
Reason for leaving				

Previous Employer (Company Name) or period of unemployment		Phone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address		Department		
City	State	Supervisor's Name		
Zip	Your Job Title		Your Name at the time	
Salary/Wage		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/> Contract		
List duties, equipment operated, and special accomplishments				
Reason for leaving				

To list additional jobs, request additional sheets or use plain paper and provide the same information requested above regarding additional job(s).

### REFERENCES

List three persons who can provide a PROFESSIONAL reference. <b>E-mail is the preferred contact method for references.</b>			
Name	E-mail address (preferred)	Phone No.	Company

### STATEMENT OF CERTIFICATION, AUTHORIZATION, & AGREEMENT

I certify that the information I have provided in this application form, in my resume, and interview(s) is complete and accurate. I authorize all my former employers and personal references to answer inquiries made by this Company and I hereby release all such parties including their subsidiaries, employees, subscribers, representatives, agents, heirs, and assigns from liability as a result of doing so. I agree that if, in the exclusive opinion of the Company, I have made any misrepresentation, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn or, if already hired and working, I may be terminated without liability, except for payment at the rate agreed upon for services actually rendered. I understand and agree this authorization to investigate my background is extended to and covers the entire period of my employment with the Company. A copy of this certification, authorization, and agreement can serve the same purpose as the original.

I understand and agree this Company is an "at will" employer. This means that my compensation and conditions of employment can be changed by the Company at any time or my employment can be terminated by me or the Company at any time and for any reason, or for no reason at all, and that no one, except the President of the Company, is authorized to enter into a contract or agreement of employment with me for any specific period of time or offer me any benefits different than those generally available to other similarly situated employees, as stated in the Company's benefit plans and employee policy manual. Any such agreement must be in writing and signed by the President of the Company and me. Any other such agreements, oral or written, by anyone else are considered null and void.

If I am hired, I understand and agree that I will be required to complete all forms and documentation the Company requires for its new hire processing. My failure to do so may result in withdrawal of any employment offer or termination, if I have already started to work. After employment, I understand and agree that I will be required to complete all documentation the Company requires upon demand including, but not limited to, tax withholding, personal information changes, benefit enrollment forms, performance appraisals, and warning notices and other corrective actions. My failure to do so may result in disciplinary action up to and including termination, as deemed appropriate by the Company.

I understand and agree I must adhere to the policies and procedures of the Company while I am an employee of the Company.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_