application for at will employment (OPTION 4)

*The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by local, state or federal law.*

***THE COMPANY IS AN AT WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***

Position Applied for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application:

Date You Can Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please note that this application will only*

 *remain active for six months, after which the*

 *applicant will need to reapply.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Present Address:

 Street City State Zip

Permanent Address:

 Street City State Zip

Telephone #: Home (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18 years or older? 🞏 Yes 🞏 No

Are there any hours or days of the week you cannot work? 🞏 Yes 🞏 No

 If so, when?

Salary Desired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /year

Type of Employment: 🞏 Full time 🞏 Part time

Are your employed now? 🞏 Yes 🞏 No

May we contact your present employer? 🞏 Yes 🞏 No

Did you ever apply to this Company before? 🞏 Yes 🞏 No Where?

 Under what name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When?

**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME AND ADDRESS OF SCHOOL** | **NO. OF****YEARS****ATTENDED** | **DID YOU****GRADUATE?** | **SUBJECT/****MAJOR** |
| ElementarySchool |  |  |  |  |
| High School |  |  |  |  |
| College |  |  |  |  |
| SpecializedTraining |  |  |  |  |

Are you lawfully eligible to be employed in the United States? 🞏 Yes 🞏 No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

**REFERENCES:** Three Individuals Not Related to You, Whom You Have Known For At Least One Year.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS & TELEPHONE** | **RELATIONSHIP** | **YEARS****ACQUAINTED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Emergency Contact: Telephone:

Address City State Zip

**CURRENT AND FORMER EMPLOYERS:** (Most Recent One First)

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE****MONTH/****YEAR** | **NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER** | **LAST POSITION HELD/****RESPONSIBILITIES** | **REASON FOR LEAVING** |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |
| From:To: |  |  |  |

\* \* \* \*

**Please read the following statement carefully before signing to indicate your understanding:**

 I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. If I have an impairment that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation may be arranged. The Company reserves the right to require medical documentation regarding the need for accommodation.

 I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

 **I understand and agree that, if hired, my employment is AT WILL. *THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***

 I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

**\*THE COMPANY IS AN AT WILL, EQUAL OPPORTUNITY EMPLOYER\***

**For Employer Use Only**

Interviewed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hired: 🞏 Yes 🞏 No

Starting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_