

## **APPLICATION FOR AT-WILL EMPLOYMENT**

The Company is an equal opportunity employer and will not discriminate against any applicant based on any characteristic that is protected by 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 FOR ANY OR NO REASON.

Position Applied For:				Date of Application:	
Date You Can Start:			Please note, this application will only remain active for months, after which the applicant will need to reapply.		
Name:					
	First		Middle	Last	
Present					
Address:		Street	City	State	Zip
Telephone #:	Home		Work		
Exact Physica	l Address				
if Not Listed Above:					
Personal Email:					

Are You 18 Year	s or Older?	YES	NO		
Are there hours	s or days of the week you canno	YES	NO		
If so, when?					
Salary Desired:	Salary Desired:				
Type of Employment:			Full-time		Part-time
Are You Employ	ved Now?	YES	NO		
May we contact your present employer?			YES	NO	
Have you ever applied to this Company before?			YES		NO
Where?		Under what name?		When?	

## EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States?	YES	NO		
Have you ever been convicted of a crime except a minor traffic violation?	YES	NO		
(This question pertains only to c	onvictions that have not been seal	ed or expunged).		
If so, please state citation, date, and place where offense occurred:				
Please provide any additional information such as special skills, training, management experience, equipment operatio or qualifications you feel will be helpful to us in considering your application:				

**REFERENCES**: Three individuals who are not related to you and whom you have known for at least one year.

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

DATE MONTH/ YEAR		NAME, ADDRESS & TELEPHONE OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/RESPONSIBILITIES	REASON FOR LEAVING
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

ACKNOWLEDGEMENT: Please read before signing.

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written statement within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I ALSO UNDERSTAND THAT NO OFFICIAL OF THE COMPANY OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature	Date	
WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER		

To save the completed form, choose **File > Save As** and rename the file.