



# EMPLOYMENT APPLICATION

**BANDIAPPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. False or misleading statements during the interview and/or on this form are grounds for terminating the application process and/or, if discovered after employment, considered grounds for terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job related skills may be required prior to employment. All applicants must sign the authorization for background checks and drug screening as if qualified, any contingent offer of employment made will be based on passing same.

**PERSONAL INFORMATION:**

Position Applied For:	Available Start Date:	Who referred You?
First Name:	Last Name:	Middle Initial or Suffix:
Have you worked under another name: ( )Y ( )N <i>If Yes, Other Name:</i>		
Address:	City:	State:                      Zip:
Home Tel:	Cell Tel:	Email:
<i>Previous Address is less than 3 years:</i> Street Address:                      City:                      St:                      Zip:		
Availability: ( ) Full Time ( ) Part Time ( ) Temporary ( ) Weekdays ( ) Weekends ( ) Evenings ( ) Night Shift ( ) Overtime ( ) Holidays ( ) Other		

**JOB RELATED SKILLS: Do not fill out any part of this section if you believe the skills to be "non-job-related":**

If applying for a Driver Role, do you have the appropriate and valid Driver's License? ( ) Yes ( ) No Name on license _____ DL* _____ License Type _____ State of Issue _____	Have you had any moving violations within the last seven years? ( ) Yes ( ) No If "Yes", please describe.
Please list any skill sets, licenses or certificates that you feel would be of value to the role you are applying for, or to our company:	

**SECURITY: Please List states and counties of residence for the past seven (7) Years:**

Have you ever been convicted of, or had adjudication withheld, pled guilty or pled nolo contendere (including Pre-Trial Diversion) to any Felony or Misdemeanor, OR, do you currently have an Active or Pending Criminal Case in any jurisdiction? If your answer is "Yes", please explain fully as applicable:			
<b>1<sup>st</sup> Incident:</b> _____ City _____, State _____ Charge: _____			
<b>2nd Incident:</b> _____ City _____, State _____ Charge: _____			

**EDUCATION: NOTE:** Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed.      7      8      9      10      11      12      13      14      15      16      16+

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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**PREVIOUS EMPLOYERS:** Your application **will not be** considered unless every question in this section is answered. Since we will make every effort to contact previous employers with your permission, the **correct telephone numbers of past employers are critical.** FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

<b>MOST RECENT EMPLOYER</b>			Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			PHONE (    ) ____ - ____ FAX    (    ) ____ - ____		
COMPANY NAME		CITY	STATE		
FROM	TO	JOB TITLE		SUPERVISOR NAME	
DATES EMPLOYED					
DUTIES					
SALARY	PER (HOUR/YEAR)	REASON FOR LEAVING			
<hr/>					
<b>NEXT EMPLOYER</b>			PHONE (    ) ____ - ____ FAX    (    ) ____ - ____		
COMPANY NAME		CITY	STATE		
FROM	TO	JOB TITLE		SUPERVISOR NAME	
DATES EMPLOYED					
DUTIES					
SALARY	PER (HOUR/YEAR)	REASON FOR LEAVING			
<hr/>					
<b>NEXT EMPLOYER</b>			PHONE (    ) ____ - ____ FAX    (    ) ____ - ____		
COMPANY NAME		CITY	STATE		
FROM	TO	JOB TITLE		SUPERVISOR NAME	
DATES EMPLOYED					
DUTIES					

**REFERENCES:** Please include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**Note:** If you are called for an interview, please feel free to request the Job Description for the role you are applying for.

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the information given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application should not be considered in any way, shape or form as an employment contract.

<b>SIGNATURE</b>	<b>DATE</b>
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