

APPLICATION FOR EMPLOYMENT



GENERAL

Last name First name Middle initial Date :
 / /
M M / D D / Y Y Y Y

Address Street City State Zip

Are you at least 18 year of age? If so
can you provide required proof?

Phone number : E-Mail address :

YES NO

Date available to start : Desired salary range : Position applying for :

Are you willing to travel if required? If hired, can you provide proof that you are legally authorized to work in the United States?

May we contact your present employer? May we contact your former employer(s)? Are you available to work :
 YES NO YES NO Full-time Part-time Temporary

Times available

Will you now or in the future require sponsorship from United
for an immigration-related employment benefit?

YES NO

EDUCATION

Name and address of school	Course of study	Years	Did you graduate?	Degree recieved	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

Do you plan to continue your education? Subjects?

Where? When

EMPLOYMENT

Company name From To

Address Phone

Job title

Supervisors name/Title

Beginning salary

Ending salary

Description of job duties

Reason for leaving

Company name

From

To

Address

Phone

Job title

Supervisors name/Title

Beginning salary

Ending salary

Description of job duties

Reason for leaving

Company name

From

To

Address

Phone

Job title

Supervisors name/Title

Beginning salary

Ending salary

Description of job duties

Reason for leaving

Company name

From

To

Address

Phone

Job title

Supervisors name/Title

Beginning salary

Ending salary

Description of job duties

Reason for leaving

MEMBERSHIPS

List professional trade, business or civic organizations, which are applicable to the job for which you are applying to

LICENSES/CERTIFICATIONS

List any licenses and/or certification you have that may be applicable to the job applied for. Include license/certification numbers, dates issued, and expiration dates if applicable. If any of you licenses/certification are currently or have ever been revoked or suspended, include why.

REFERENCES

Professional references (persons other than relatives who are familiar with your work)

Name	Email	Phone
	Years known	Relationship
Name	Email	Phone
	Years known	Relationship
Name	Email	Phone
	Years known	Relationship
Name	Email	Phone
	Years known	Relationship

MISCELLANEOUS

Have you ever been terminated or asked to resign from any job?

YES NO

Do you have any commitments to any other employer which could affect your employment if hired?

YES NO

Were you referred by someone? If so, who?

PLEASE READ BEFORE SIGNING

Acknowledgement of At-Will Employment

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY.

Authorization for Release of Employment and Educational Information

I authorize the Company and/or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

I-9 and Employment Documentation

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard.

Truth and Completeness Of Application

I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application may disqualify me from employment, or may result in disciplinary action up to and including termination.

Criminal History

I certify that I have received a separate written notification that the Company may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

Drug and Alcohol Testing

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of unlawful drugs or alcohol. If employed, I understand that the taking of alcohol and/or drug testing is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

Signature

Date

THANK YOU FOR YOUR
APPLICATION

