

# APPLICATION FOR EMPLOYMENT

*Please Print Clearly*

The Company promotes and affords equal treatment and service to all employees and assures that all employees and applications for employment are given an equal employment opportunity without regard to race, religion, color, national origin, age, sex, height, weight, marital status, or the presence of any sensory, mental or physical disability unless such disability effectively prevents the performance of the essential functions and duties required of the position and cannot be reasonably accommodated without undue hardship to the Company. The Company shall operate within the principles of "Equal Opportunity" guidelines set forth in Federal, State and local laws and regulations. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Company will cooperate fully with all organizations and commissions that are established and organized to promote Equal Employment Opportunity.

## FOR OFFICE USE ONLY

Company Name \_\_\_\_\_

Employee's Job Title \_\_\_\_\_

Department Code \_\_\_\_\_

W/C Code \_\_\_\_\_

First day as an employee?

M M D D Y Y

What is the employee's first check date?

M M D D Y Y

### Pay Information

### Primary Pay Type

\$ \_\_\_\_\_  
Primary pay rate or salary

- Per hour
- Annual Salary
- Commission
- Other \_\_\_\_\_

Employee works  Full-time  Part-time

Authorizing Signature \_\_\_\_\_

## EMPLOYEE PORTION

### I. GENERAL INFORMATION

Date: \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Apt.# \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Home Telephone (with area code)

E-mail Address \_\_\_\_\_

Driver's Licence Number \_\_\_\_\_

State and Date of Expiration \_\_\_\_\_

Previous Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Dates of Residence \_\_\_\_\_

Have you ever been employed by this Company before before? \_\_\_\_\_ If yes, give dates of employment \_\_\_\_\_

Are you able to perform all of the essential functions and duties required of the position for which you are applying, with or without reasonable accommodation? \_\_\_\_\_

If no, how would you perform these essential functions and duties, and with what accommodation(s)? \_\_\_\_\_

If under age 18, please state your age \_\_\_\_\_

**In the case of an emergency, please contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

