

# Application For Employment

We are an Equal Employment Opportunity Employer. All Applicants are considered for employment based upon their qualifications, without regard to race, color, religion, sex, national origin, age, disability, handicap, marital, or veteran status.

**Date of Application:**

**Name:**

Last

First

Middle Intl.

**Address:**

Number Street

City

State

Zip

**Phone:**

**Social Security:**

**Position Desired:**

**Date you can start:**

**Salary or wage desired:**

YES

NO

Are you available for full-time work?

If no, what hours are you unavailable?

Are you available for part-time work?

Are you willing to work any shift?

Are you willing to travel?

Are you willing to relocate?

Have you been employed by this company before?

If yes, state: when, where, the position(s) you held and why you left:

Do you know anyone who works here?

If yes, who?

How were you referred to the company?

## Education and Training

Elementary and High School: What was your highest grade completed (1-12)?

Name and location of last school attended:

College and Graduate School: How many years did you complete?

Name(s) and location(s) of college(s) attended:

Degree(s) received:

Trade or Technical School: How many years did you complete?

Name(s) and location(s) of school(s) attended:

Degree(s) or certificate(s) received:

## Employment History

Beginning with your present or most recent employer, describe your employment history below:

Present or Last Employer:

Name:

Address:

Phone:

Nature of Business:

Date Hired:

Date Left:

Starting Position:

Starting Salary:

Final Position:

Final Pay:

Describe your work and responsibilities:

Reason for leaving or desiring to leave:

If you are still employed, may we contact this employer at this time?

**Next Previous Employer:**

**Name:**

**Address:**

**Phone:**

**Nature of Business:**

**Date Hired:**

**Date Left:**

**Starting Position:**

**Starting Salary:**

**Final Position:**

**Final Pay:**

**Describe your work and responsibilities:**

**Reason for leaving or desiring to leave:**

**If you are still employed, may we contact this employer at this time?**

**If necessary, please include other past employers on a separate sheet (if mailing or faxing) or in the body of the email (if emailing).**

**Have you ever been employed under a different name?**

**If yes, state the name and by whom you were employed when you used it:**

**Are you currently subject to an agreement with any employer under which you have agreed not to work for a competitor of that employer?**

**If yes, explain:**

**Have you ever been discharged or asked to resign by an employer?**

**If yes, explain:**

**Except for vacations, holidays, and periods during which you were disabled or seeking treatment for a disability, how many days were you absent from work in the last 12 months?**

**SPECIAL SKILLS: To the extent you have not already done so earlier in this application, summarize any special skills or qualifications you have which relate to the position for which you are applying:**

## Miscellaneous Information

Have you ever been convicted of a crime, other than a minor traffic offense?

If yes, explain:

A record of criminal conviction does not necessarily serv as a bar to employment.

If the position for which you are applying might require you to drive company vehicles, answer the following:

Do you have a valid driver's license?

If yes, state you driver's license number and the state from which you received it:

Has your driver's license ever been suspended or revoked?

If yes, explain:

Have you ever been cited for any moving violations in the last five years?

If yes, explain:

## References

Provide the name, address and telephone number of three professional or personal character refrences who are not related to you:

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

I certify that all the information I have supplied on this application is true, accurate and complete to the best of my knowledge, and that I have not knowingly withheld any information which, if known to the company, would affect my application unfavorably. I understand that any false, misleading and/or incomplete statements on this application and/or in any interview, constitute sufficient cause for the company not to employ me, or if I am employed, to terminate my employment.

I authorize an investigation to be conducted concerning all of the information I have supplied on this application, and all other information which the company deems to be relevant to my qualifications for employment. I further authorize my present employer, any former employer, consumer reporting agency, any professional or personal reference, or any other appropriate source or individual to provide all information that is requested in connection with such investigation. I understand that if an investigative report is requested from a consumer reporting agency, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested. I release the company and all named and unnamed sources from any and all liability which may result from furnishing information concerning me.

This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for the position with the company after this time, I will fill out a new application.

I agree to take any lawful examination or test, including any drug and/or alcohol test, required by the company as a condition of my being hired, or that my refusal to take any such lawful examination or test will constitute sufficient cause for the company not to employ me, or if I am employed, to terminate my employment. I release the company and all other named and unnamed sources from any and all liability which may result from any lawful examination or test.

If I am employed, I agree that in consideration for my employment, I will conform to the rules and regulations of the company. I understand that those rules and regulations may be altered, amended or repealed by the company at any time, at the company's sole option and without any prior notice to employees.

I acknowledge that if I am employed, my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing.

Please type your name only if you are emailing the form. Otherwise, print the form and sign.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

To email this form, click the save button located at the top left of the screen. Save the form to your computer. Open your email and send the form as an attachment to sfogle@beatyinc.com

-OR-