



Employment Application

Please Read Before Completing This Application

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, disability, national origin, sex (including pregnancy), sexual orientation, marital status, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

Personal Data

Date: _____ Location Applied: _____

Name: _____
Last First Middle

Address: _____ Email: _____

_____ How Long at Current Address: _____
City State Zip

Phone: *Home* _____ *Cell* _____

Are You Under Age 18?: Yes No If "Yes", Can You Provide Proof of Your Eligibility To Work? Yes No

Are You Currently Authorized To Work In The United States? Yes No *Proof of Eligibility Will Be Required if Hired.*

Employment Desired Fulltime Part-Time Temporary/Contract

Date Available: _____ Salary Requirement: _____ Preferred Hours: _____

Have You Previously Applied for Employment With Our Company? Yes No

If "Yes", When? _____ Position Applied For? _____

General Information

Have You Ever Been Terminated From Employment? Yes No

If "Yes", Please Provide Details: _____

Have You Ever Been Convicted of a Crime? Yes No

If "Yes", Give Dates and Circumstances: _____

List Applicable Professional or Technical Licenses/Certifications Relative To The Position For Which You Are Applying: _____

List Equipment, Machinery or Special Skills Relative To The Position For Which You Are Applying: _____

Convictions: A conviction does not automatically disqualify you from consideration. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your employment eligibility. Please provide details.



EMPLOYEE-OWNED
COMPANIES, INC.

Education

Type of School	Name of School and Location	Dates Attended
High School		
Business / Trade School		
College		

Employment

Dates Employed		Name and Address of Employer	Position	Reason for Leaving
From:	To:			
From:	To:			
From:	To:			

References

Name	Address	Phone Number	Known How Long?

May We Contact Your Present Employer? Yes No

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accomodation. Yes No



EMPLOYEE-OWNED
COMPANIES, INC.

Employee Owned Companies, Inc. is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, disability, or veteran status. Your opportunity for employment with us depends solely upon your qualifications for the position applied for.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Employee Owned Companies, Inc. to hire me. If I am hired, I understand that either Employee Owned Companies, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Employee Owned Companies, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Employee Owned Companies, Inc. true and complete information on this application. No requested information has been concealed. I authorize Employee Owned Companies, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Name: _____
(Please Print)

Applicant Signature: _____

Date: _____

This application is only valid for 60 days from the date signed and dated above.