



# Employment Application

## General Instructions

- To be considered an applicant, you must complete all parts of this application, including signing the applicant statement. Incomplete applications may not be considered.
- If you need help filling out this application or for any phase of the employment process please notify the person that gave you this form, and every reasonable effort will be made to accommodate your needs.

*All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, sexual orientation, national origin, age, disability, marital status, veteran status, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.*

## Personal Information

Last Name	First Name	Middle Name	Social Security No.	Phone (Home)	Alternate Phone
Current Address (street/number, city, state, zip code)					
Is there any information we would need about your name (such as if you have used another name) for us to be able to check your work record? <input type="checkbox"/> Yes Explain: <input type="checkbox"/> No				Email address:	
Are you 18 years old or older?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired can you prove that you are eligible for employment in the United States?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to prove citizenship or permanent residence status?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? If yes, explain.  <input type="checkbox"/> Yes Explain: <input type="checkbox"/> No		

## Position Information

Have you ever applied for employment with us? <input type="checkbox"/> Yes If yes, month and year: <input type="checkbox"/> No		Have you been previously employed by this company? <input type="checkbox"/> Yes If yes, when? What position? <input type="checkbox"/> No	
Are you available for (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		What shifts are you available to work?  <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position Desired:	
When would you be able to start work?		Least acceptable starting wage:	
If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If driving is a requirement of the job for which you are applying, continued employment is contingent on your maintaining a current driver's license.</i>		Referred by: <input type="checkbox"/> Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-in/self <input type="checkbox"/> Other: _____ <input type="checkbox"/> Building Sign  If referred by person, list name:	

## Employment History

*Begin with your current or most recent position. Although a resume may be attached, you must complete this section.*

Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Supervisor Name & Title		Reason for Leaving
Responsibilities:			Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If No, please explain:		

Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Supervisor Name & Title		Reason for Leaving
Responsibilities:			Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If No, please explain:		

Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Supervisor Name & Title		Reason for Leaving
Responsibilities:			Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If No, please explain:		

Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title		Ending/Current Position Title
Date Left	Ending/Current Wage \$ _____ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Supervisor Name & Title		Reason for Leaving
Responsibilities:			Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If No, please explain:		

Have you had any employment that is not listed on the previous page?  Yes  No

If yes, please explain on the last page of this application.

### Education and Training

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
Business/Trade/Technical		<input type="checkbox"/> None <input type="checkbox"/> List:	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	

Additional training and or qualifications for employment at Anoplate:

### References

Give name, address & telephone number of **three** references who are not related to you and can describe your work-related skills.

Name	Relationship	Address	Phone
1.			
2.			
3.			

### Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filing of this application with the company is a preliminary step to employment. It does not obligate the company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving a negative result from a drug test, satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. Also, I agree to abide by all Company policies and procedures as outlined within the Employee Handbook and other documents.

I authorize Anoplate to check all references from current and previous employers, references and others that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize the Company and/or its agents to verify any of the information furnished in this application including, but not limited to, criminal record history and other background information deemed appropriate by the Company. I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Company or its agents. The company will keep all such information confidential except where such information is required to be released by law or order of a court or other authority.

I understand and hereby acknowledge that any employment relationship with Anoplate is at will, which means that, if I am hired, my employment with the Company is not for a fixed period of time and that I may resign at any time and Anoplate may terminate my employment and compensation at any time

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Applicant Signature

Date