

ARCMEN

Application for Employment

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

If yes, please describe the circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? _____ Yes _____ No

If selected for employment, are you willing to submit to a pre-employment drug screen test? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us _____

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Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____

Reason for leaving: _____

2. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____

Reason for leaving: _____

3. Employer: _____
Position/s held: _____
Address: _____
Telephone#: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____

Reason for leaving: _____

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Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job:

Educational History

Type of School	Name of School	Years Attended	Major & Degree/Comp.
High School			
College			
Bus./Trade School			
Other			

References

List 3 references, including their names, telephone numbers, and years known (do not include relatives or employers):

1.

2.

3.

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Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: _____

Date: _____