

Employment Application Form



APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE: _____

Name _____

Last
First
Middle
Maiden

Present Address _____

Number
Street
City
State
Zip

Cellular Phone/Other (____) _____ Email _____

If under 18, please list age _____ Are you legally eligible for employment in the USA? Yes No

Position applied for (1) _____ Shift applied for:
 1 2 3 Any Not Applicable

Salary desired (2) _____
 (Be specific)

How many hours can you work weekly? _____ Will you work overtime if required? Yes No

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

When available for work? _____

Who referred you to this company? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)

Expiration date _____ Chauffer HazMat Class _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

SKILLS AND QUALIFICATIONS

Typing Yes _____ WPM 10-key Yes Welding Yes Mechanical Yes
 No No No No

Other Skills _____

Please list three references other than relatives or previous employers.

Name _____

Title _____

Relationship to you _____

Telephone _____

Email _____

Years Known _____

Name _____

Title _____

Relationship to you _____

Telephone _____

Email _____

Years Known _____

Name _____

Title _____

Relationship to you _____

Telephone _____

Email _____

Years Known _____

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No
 Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



9100 W. Liberty Dr.

Pleasant Valley, MO 64068

(816) 781-6300 Phone (816) 781-0489 Fax

OFFICE USE ONLY
Applicant: Do not write in this space.

Interviews		
Date	Interviewer(s)	Remarks

Test Results			
Tests Administered	Date	Score	Rating

Reference Checks		
Date Contacted	Reference Name	Contacted By