

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. 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. Equal access to employment, services, and programs is available to all persons.

Applicant name: _____ Date: _____

Type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____ DL #: _____ State: _____

Date available to start work: _____ Employment Desired: Full Time Part Time Desired Pay: \$_____ / hour

	Yes	No
Have you applied for a position with our company before?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if required by this position?	<input type="checkbox"/>	<input type="checkbox"/>
Can you submit proof of legal employment authorization and identity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any objection to working overtime if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18, can you furnish a work permit if it is required?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
Will you voluntarily consent to a pre-employment physical examination and drug and/or alcohol testing if required by us as a condition of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Will you voluntarily consent to skills testing as part of the application process?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know anyone who has worked or currently works for our company?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state the person's name: _____		

How were you referred to us? Newspaper ad Agency Sign Website Other _____

Employment History:

Date Month/Yr.	Employer Name/Address/ Phone	Salary / Wage	Position	Reason for Leaving	Eligible for Rehire?
From: To:					
From: To:					
From: To:					
From: To:					

References

List 2 reference names, telephone numbers, and years known (do not include relatives or employers):

Education:

Level	Name/Location of School	# of Yrs.	Graduate?	Major Subjects
1-8				
H.S.				
College				
Other				

Other Skills & Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Understandings

I hereby authorize Four C's Service to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Four C's Service and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that Four C's Service is concerned about my fitness to do the job for which I am applying. One aspect of whether I am fit to do the job is whether I do or do not use drugs and/or alcohol. I understand that I may be asked to submit to a pre-employment physical examination which will include drug and/or alcohol testing. I understand that such testing is voluntary on my part, that I may refuse to submit to testing, and that such refusal may be considered in the Four C's Service employment decision. I further understand that, should I submit to said testing, the test results may be released to Four C's Service and that the results may be considered in the Four C's Service employment decision.

With full knowledge of the foregoing, by signing this Application for Employment, I agree to submit to drug and/or alcohol testing at a medical clinic and/or laboratory selected by Four C's Service. Initial _____

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 Four C's Service 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 if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization upon or before to reporting for work. Failure to submit such proof by that time may result in immediate termination of employment.

I certify that the facts contained in this application, and representations made by me in any signed & attached Evaluation Form (hereby made a part of this application) are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

Applicant signature: _____ Date: _____

Do Not Write Below This Line

Interviewed by: 1) _____ Remarks: _____
Recommend Yes No

Interviewed by: 2) _____ Remarks: _____
Recommend Yes No

Hired: Yes No Date of Hire: _____ Report Date: _____ Salary/Wage: _____

Department: _____ Position: _____ Approved: _____