



WE WORK FOR YOU.™

Employment Application

We are an Equal Opportunity Employer.

You must complete entire application and sign where indicated.

Date:

Applicant Information				
Name (first, middle, last)				
Address			Mobile Telephone	
City/State/ZIP			Home Telephone	
Email Address:				
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.				
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference	
When can you start?				
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Other				
1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.				
2. If relevant, please describe experience using manufacturing machines and equipment.				
Education				
School	Name & Location (city, state)	Number of Years Attended	Major subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number _____ 2) state issued _____

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes No

Registration or License Number	State Issued	Expiration Date

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:	Telephone
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone
	Email Address:
Address:	
Relationship:	How long known?

Employment History (start with most recent; use separate sheet if necessary)	
Name of Employer:	Telephone
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer:	Telephone
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
Name of Employer:	Telephone
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	
Name of Employer:	Telephone
Address:	
Job Title:	Employment Dates (month and year)
Name of Immediate Supervisor:	From: To:
Description of Duties:	
Reason for Leaving:	

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

Thank you for your interest in Central McGowan!