



Applicant Information	
Name	Date
Street Address	Phone #
City, State, Zip	Date of Birth
Position Applying For	Social Security #
Are you legally able to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, DL#	
Any DL Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Have you had your DL at least 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL Expiration Date
Are you able to perform the essential functions of the job, such as lifting up to 50 lbs, climbing a ladder, working at heights, etc with reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to abide by this company's safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
We start at 7am Mon-Fri & some Saturdays. Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any hobbies or other interests?	

Employment History				
Company	Kind of Work/Position	From	To	Wage

Education			
Name of School	From	To	Graduated?
High School			
College/Trade			

I certify the information above is correct to the best of my knowledge. I understand that false or misleading information is grounds for refusing to hire me, or discharge should I be fired.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature _____ Date _____

We are an Equal Opportunity Employer.