

# Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For		Date of Application
<input type="checkbox"/> Advertisement Where _____  <input type="checkbox"/> Employment Agency Who _____	<input type="checkbox"/> Friend Who _____ <input type="checkbox"/> Relative Who _____ <input type="checkbox"/> Walk-In	<input type="checkbox"/> Current Flippin Employee If so, what is their name? _____  <input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Home Number			Mobile Number		

Email Address \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

# Education

	Name and Location (City, State) of School	Course of Study	Years Completed/Did You Graduate?	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training apprenticeship, skills and/or extra-curricular activities such as leadership positions, teams, committees, organizations, groups, etc.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Employer</b>		<b>Dates Employed</b> From To		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Rate/Salary</b> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
<b>2. Employer</b>		<b>Dates Employed</b> From To		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Rate/Salary</b> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
<b>3. Employer</b>		<b>Dates Employed</b> From To		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Rate/Salary</b> Starting Final		
Job Title	Supervisor			
Reason for Leaving				
<b>4. Employer</b>		<b>Dates Employed</b> From To		<b>Work Performed</b>
Address				
Telephone Number(s)		<b>Rate/Salary</b> Starting Final		
Job Title	Supervisor			
Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Computer Skills (please check one for each item)

	No Experience	Beginner	Intermediate	Advanced
MS Word				
MS Excel				
MS Outlook				
MS PowerPoint				

Typing (WPM) \_\_\_\_\_

Other (List)

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## Licenses/Certifications

*Please list any licenses or certifications you currently have (including the states' licensed/certified in, if applicable).*

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job occupation for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

# References

Please list 3 PROFESSIONAL REFERENCES (someone who has supervised, managed or directed you, in current/past employment)

1.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Company

(\_\_\_\_\_)\_\_\_\_\_  
Contact #

2.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Company

(\_\_\_\_\_)\_\_\_\_\_  
Contact #

3.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Company

(\_\_\_\_\_)\_\_\_\_\_  
Contact #

# Applicant's Statement

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date