



Employment Application

(Please print all information except signature)
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name: _____ Date: ____/____/____
Last First Middle

Address: _____
Street Number City State Zip Length of time at address

Phone: (____) _____ - _____ Email: _____

Are you legally eligible for employment in the United States? Yes No (If hired, documentation will be required.)

Position applying for: _____ Pay Desired: \$ _____ per _____ Date Available to Start: _____

Employment desired: Full-time Part-time Either full or part-time Seasonal/Temporary Permanent

How many hours can you work per week? _____ Are you available to work nights: Yes No

Days/hours available to work: No Preference

Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Work Experience

List your work experience for your past three employers beginning with your most recent job. If you were self-employed, give company name.

Employer: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Title & Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Currently Employed? Yes No May we contact? Yes No Name of Supervisor: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Title & Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Currently Employed? Yes No May we contact? Yes No Name of Supervisor: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Title & Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Currently Employed? Yes No May we contact? Yes No Name of Supervisor: _____

Please explain any gaps in employment:

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain below:

Education

Type of School	Name	Location	Years Completed	Major/Degree	Graduated (Yes/No)
High School					
College/University					
Business, Trade, or Professional School					

(Be sure to complete both sides of this application)

Driving History

A Motor Vehicle Record is required

Do you have a valid Driver's License? Yes No If yes, type: Operator CDL Chauffeur

Driver's License #: _____ State of issue: _____ Expiration date: ____/____/____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

If yes, explain: _____

References

List two references who are not relatives or former employers

Name _____ Address _____ Phone (____) _____ - _____ Years Known _____

Relationship _____ Company _____ Occupation/Title _____ Email Address _____

Name _____ Address _____ Phone (____) _____ - _____ Years Known _____

Relationship _____ Company _____ Occupation/Title _____ Email Address _____

Emergency Contacts

List two contacts in case of an emergency

Name _____ Address _____ Phone (____) _____ - _____ Relationship _____

Name _____ Address _____ Phone (____) _____ - _____ Relationship _____

Additional Information

Use this space to list any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Affidavit, Consent and Release

Please read each statement carefully before signing

I authorize the investigation of any or all statements contained in this application. I hereby authorize any person, school or company I have listed as a reference on this application to disclose in good faith any information and opinions that may be useful in making a hiring decision. I will hold FLM, any former employers, schools and any other persons giving references free of legal liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

As a condition for my application being considered, I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I understand that if my test results are positive, I shall not be considered further for employment with FLM. I hereby authorize any physician, laboratory, hospital or medical professional retained by FLM for screening purposes to conduct such screening and to provide the results to FLM, and I release FLM and any person affiliated with FLM and any such institution or person conducting the screening, from liability therefore.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time and constitutes "at-will" employment. I also understand that any representation to the contrary is unauthorized and not valid unless obtained in writing and signed by an owner of the company. I acknowledge that this employment relationship may be terminated at any time, with or without good cause or for any or no cause, at the option either of the company or myself, with or without notice.

I certify that my all information provided in this employment application is true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview may disqualify me from further consideration for employment and may result in my release if discovered at a later date.

I have read, understand and by my signature consent to these statements.

Signature _____

Date _____

(Be sure to complete both sides of this application)