

Directions: You must fill in this form completely to be considered for employment with this company. Please print neatly.

Position or Positions you are applying for: _____

Personal Information				
Name		Social Security No.		
Address		Home Phone No.		
City	State	Zip	Alternate Phone	
Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you, after employment, submit proof of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If offered employment, you must show proof of U.S. citizenship or the right to work in the United States.)</i>				
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, explain date, nature of offense and results of conviction:				
<i>NOTE: Convictions are not an automatic disqualification from employment.</i>				
Person to be contacted in case of emergency:		Name		
Address		Phone		
Preferences				
Date available for work				
Type of employment you are interested in: full-time <input type="checkbox"/> part-time <input type="checkbox"/> permanent <input type="checkbox"/> temporary <input type="checkbox"/>				
What days and hours are you available for work? Days: _____ Hours: _____				
Are there any hours, shifts or days that you cannot or will not work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				
Education / Certificates / Training				
<i>List only degrees and courses of study that directly relate to your ability to perform the position or positions you are applying for.</i>				
	School Name and Address	Grade/Years Completed?	Major or Field of study	Type of Certificate or degree
High School				
Business/Trade/Technical				
University/College				
Other training and/or skills related to the position applying for:				
Previous Employment				
<i>List your complete full-time and part-time employment record. Begin with your current or most recent employer.</i>				
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, give exact number of days or weeks since leaving your last job, and the reason.)			
1. Company Name/Address:	Supervisor/Manager:	Start Date:	End Date:	
	Phone:	Reason for leaving:		
Position:	Describe your work:			

2. Company Name/Address:	Supervisor/Manager:	Start Date:	End Date:
	Phone:	Reason for leaving:	
Position:	Describe your work:		
3. Company Name/Address:	Supervisor/Manager:	Start Date:	End Date:
	Phone:	Reason for leaving:	
Position:	Describe your work:		
4. Company Name/Address:	Supervisor/Manager:	Start Date:	End Date:
	Phone:	Reason for leaving:	
Position:	Describe your work:		

Professional References

List only persons familiar with your work-related abilities. Do not include relatives.

Name/Title	Company	Address	Telephone Number(s)

Read, Date & Sign

The National Group is an equal opportunity employer.

All applicants for employment are judged solely on the basis of qualifications and ability without regard to sex, race, color, creed, national origin, gender, age, marital status or disability.

I authorize the company to conduct reference checking and a background investigation, which may include driving record, criminal record, credit, educational background and professional license. I understand and agree that employment may be contingent upon the results of the reference checks and the background investigation.

I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluations.

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the company unless I have indicated to the contrary. I authorize the references listed above to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.

My signature acknowledges that I understand and accept the above statements.

Applicant's Signature _____ **Date** _____

Note: This application will remain active for only 90 days from the date above.