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## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given an equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT LEGIBLY, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions is intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary employment? When could you start? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Telephone Number

\_\_\_\_\_  
Present Street Address City State Zip Code

Are you 18 years of age or older? ..... Yes  No   
(If you are hired, you may be required to submit proof of age.)

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ If hired, can you furnish proof that you are eligible to work in the U.S.? Yes  No

Have you ever applied here before?..... Yes  No  If yes, when? \_\_\_\_\_

Have you ever been employed here before?.... Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? Yes  No

If yes, give details \_\_\_\_\_  
(A "yes" does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes  No

If yes, give details: \_\_\_\_\_

I hereby give you permission to verify my driving record and write to the Department of Motor Vehicles..... Yes  No

List professional, trade business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status).

<b>LIST NAME AND ADDRESS OF SCHOOLS</b>	Number of Years Completed	Diploma/ Degree	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that are related to the job for which you are applying? _____			
What machines or equipment can you operate that are related to the job for which you are applying? _____			

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm's name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

Have you ever worked or attended school under any other name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give names: _____		
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, may we contact your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been fired from a job or asked to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____		
Give three references, not relatives or former employers.		
Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable period of time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer or employment that it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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 THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization representative for details.