

APPLICATION FOR EMPLOYMENT



Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)		(Zip)	Other Telephone
E-Mail Address			
Are you legally eligible for employment in the United States? ☐ Yes ☐ No			

POSITION

Position Or Type Of Employment Desired	Will Accept: ☐ Part-Time ☐ Full-Time	Shift: ☐ Day ☐ Night
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? ☐ Yes ☐ No		
Salary Desired	Date Available to Begin Work?	

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving May We Contact This Employer? ☐ Yes ☐ No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving May We Contact This Employer? ☐ Yes ☐ No		
Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title		
Specific Duties		Hours Per Week
		Supervisor
Reason For Leaving May We Contact This Employer? ☐ Yes ☐ No		

EDUCATION & TRAINING

High School Graduate Or General Education (GED) Test Passed? ☐ Yes ☐ No If no, list the highest grade completed					
Post-Secondary Education					
Name and Location	Credits Earned		Graduated	Degree	Major or Subject
	Quarterly or Semester Hours	Other (Specify)			
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
Occupational License, Certificate or Registration	Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number		Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other Than English					

VETERAN INFORMATION (Most Recent)

Are You a Veteran? ☐ Yes ☐ No ☐ Prefer Not to Answer	Branch of Service	Date of Entry
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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PERSONAL REFERENCES

Name	Telephone Number () -	Years Acquainted
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Akkerman, Inc. is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that omissions, false or misleading information may result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company. I acknowledge and understand that Akkerman, Inc. is an "at-will" employer. This means my employment has no specified term and may be terminated by the company or me at any time, with or without cause, and with or without notice.

Signature of Applicant _____ **Date** _____



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