



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. No question on this application is used for the purpose of limiting or rejecting any application for employment on any basis prohibited by applicable local, state or federal law.

For more information, please notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency

Walk-In Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____

LAST

FIRST

MIDDLE

Address _____

STREET

CITY

STATE

ZIP CODE

Telephone # _____ Mobile/Other Phone # _____ E-mail Address _____

If necessary, best time to call you at home is _____

May we contact you at work?

Yes No

If yes, work number and best time to call

(____)____-_____

If you are under 18 can you furnish a work permit?

Yes No

If no, please explain _____

Have you submitted an application here before?

Yes No

If yes, give date(s) and position(s)

Date(s): _____

Position(s) _____

Have you ever been employed here before?

Yes No

If yes, give dates

____/____/____ to ____/____/____

Are you legally eligible for employment in this country?

Yes No

Date available for work

____/____/____

What is your desired salary range?

\$ _____

Type of employment desired?

Full-Time

Part-Time

Temporary

Seasonal

Educational Co-op

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position?

Yes No

Will you work overtime if required?

Yes No

If no, please explain _____

Driver's license number, if driving is an essential job function _____

State _____

Have you been convicted of a crime since the age of 18?

Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL TAKEN INTO ACCOUNT.

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING TITLE/ENDING TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		ENDING		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE #	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING TITLE/ENDING TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		ENDING		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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		ENDING		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanation of any gaps in employment) _____

EDUCATIONAL BACKGROUND

List the last three schools attended, starting with the most recent, along with the number of years completed, if a degree or diploma was earned, the grade point average or class rank attained, the major field of study, and any minor field(s) of study.

SCHOOL	# OF YEARS COMPLETED	DEGREE/DIPLOMA	GPA / CLASS RANK	MAJOR	MINOR(S)

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

REFERENCES

List the names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

NAME	TELEPHONE	# OF YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List any special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

List any additional information that you would like us to consider when reviewing your application.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that, as an employee at will, I am free to resign at any time, with or without cause, and the employer has the same right to terminate my employment at any time, with or without cause. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE APPLICANT STATEMENT FOUND ABOVE.

By checking the preceding box, I certify that I have read, fully understand and accept all terms of the foregoing *Applicant Statement*.