

# Application for Employment

# AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

## PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME:

FIRST

LAST

MIDDLE INITIAL

ADDRESS:

STREET

CITY

STATE

ZIP CODE

TELEPHONE: ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ — \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?

YES  NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?

YES  NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

YES  NO

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS?

(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT.)

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## DESIRED EMPLOYMENT

POSITION: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DESIRED SALARY: \$ \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF SO, MAY WE CALL YOUR CURRENT EMPLOYER?  YES  NO

WHO REFERRED YOU TO THIS COMPANY?  EMPLOYMENT AGENCY  AD  FRIEND  SOCIAL SERVICE AGENCY  OTHER

## EMPLOYMENT HISTORY

LIST YOUR LAST THREE (3) EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE.

FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER HOUR _____ FINAL _____ PER HOUR _____	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER HOUR _____ FINAL _____ PER HOUR _____	
FROM	TO	EMPLOYER	TELEPHONE ( )
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER HOUR _____ FINAL _____ PER HOUR _____	

## SKILLS AND QUALIFICATIONS

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING/SKILLS

CERTIFICATIONS AND AWARDS; I.E. CPR, FIRST AID ETC.

## PERSONAL REFERENCES

	NAME	ADDRESS AND PHONE #	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## AUTHORIZATION

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION, AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PROIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_