

AN EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department. Please complete all sections of application. Attaching a resume does not fulfill the requirement for completion of any section.

PLEASE PRINT

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

Referral Source Advertisement _____ Employee _____ Relative _____
Walk-In _____ Other _____

Name of Source (if applicable) _____

Name _____ Last First Middle

Address _____ Street City State Zip Code

Telephone Number () _____ Social Security Number _____ - _____ - _____

If Necessary, best time to call you at home is..... ____:____ AM __ PM__

May we contact you at work? If yes, work number _____ Ext. _____

If you are under 18, can you furnish a work permit?..... __ Yes __ No

Have you filed an application here before? If yes, give date..... ____/____/____

Have you ever been employed here before?..... __ Yes __ No

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... __ Yes __ No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... ____/____/____

Type of employment desired __ Full-Time __ Part-Time __ Temporary __ Seasonal
__ Educational Co-Op

Are you on lay-off or subject to recall?..... __ Yes __ No

Will you travel if the job requires it?..... __ Yes __ No

Will you work overtime if required?..... __ Yes __ No

Have you ever been bonded?..... __ Yes __ No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
 (Such conviction may be relevant if job related, but may not bar you from employment)

If yes, please explain _____

Driver's license number (if job related) _____ State _____

Professional Licensure Number _____ State _____

EDUCATIONAL BACKGROUND (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

REFERENCES

List name, address, and telephone number of three business / work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Address	Telephone	Years Known
		()	
		()	
		()	

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
	Hourly Rate / Salary			
Final				
Reason for Leaving	\$	Per		
	Hourly Rate / Salary			
Final				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone	Date Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Starting			
Immediate Supervisor and Title	\$	Per		
	Hourly Rate / Salary			
Final				
Reason for Leaving	\$	Per		
	Hourly Rate / Salary			
Final				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
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	Starting			
Immediate Supervisor and Title	\$	Per		
	Hourly Rate / Salary			
Final				
Reason for Leaving	\$	Per		
	Hourly Rate / Salary			
Final				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Comments (including explanation of any gaps in employment) _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and / or separation from the employer's services 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.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

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 prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____

Date ____/____/____