

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Date of Application:

Name: Last First Middle Social Security Number:

Address: Street City State Zip Code Email:

Telephone: Mobile:

Position(s) applied for:

Referral Source: (please check appropriate category and name the source)

- Walk-in
- Employee
- Advertisement
- Company Website
- Other Internet
- School
- Job Fair
- Staffing Agency
- Government Employment Agency
- Other

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 and it is required, can you furnish a work permit? Yes No If no, please explain:

Have you submitted an application here before? Yes No If yes, give the date(s) and 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 or hourly rate of pay? \$ per

Type of employment desired: Full-Time Part-Time Seasonal Temporary

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No If no, please explain:

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

- Yes
- No
- Need more information about the job's "essential functions" to respond

Driver's License number required if driving may be required in the job for which you are applying: State

Have you ever been bonded? Yes No

Answering "yes" to the following question 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 be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

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

Employment History

Starting with your most recent employer, provide the following information:

Employer				Dates Employed	to
Telephone	Street Address		City	State	Zip Code
Starting Job Title/Final Job Title					
Compensation (Starting)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Compensation (Final)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Immediate Supervisor					May we contact for reference? Yes No
Why did you leave?					
Summarize the type of work performed and job responsibilities					
What did you like most about your position?					
What did you like least about your position?					

Employer				Dates Employed	to
Telephone	Street Address		City	State	Zip Code
Starting Job Title/Final Job Title					
Compensation (Starting)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Compensation (Final)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Immediate Supervisor					May we contact for reference? Yes No
Why did you leave?					
Summarize the type of work performed and job responsibilities					
What did you like most about your position?					
What did you like least about your position?					

Employer				Dates Employed	to
Telephone	Street Address		City	State	Zip Code
Starting Job Title/Final Job Title					
Compensation (Starting)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Compensation (Final)					
Hourly	Salary \$		per	\$	Commission/Bonus/Other Compensation
Immediate Supervisor					May we contact for reference? Yes No
Why did you leave?					
Summarize the type of work performed and job responsibilities					

Equal Opportunity Employer

What did you like most about your position?

What did you like least about your position?

Employer				Dates Employed	to	
Telephone	Street Address		City	State		Zip Code
Starting Job Title/Final Job Title						
Compensation (Starting)						
Hourly	Salary \$		per	\$		
				Commission/Bonus/Other Compensation		
Compensation (Final)						
Hourly	Salary \$		per	\$		
				Commission/Bonus/Other Compensation		
Immediate Supervisor				May we contact for reference?	Yes	No

Why did you leave?

Summarize the type of work performed and job responsibilities

What did you like most about your position?

What did you like least about your position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on the previous page, have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain:

Skills & Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing in the position for which you are applying:

Computer Skills (Check appropriate choices. Include software titles and years of experience.)

Word Processing	Years	Internet	Years
Spreadsheet	Years	Other	Years
Presentation	Years	Other	Years
Email	Years	Other	Years

Educational Background

Starting with your most recent school attended, provide the following information:

School	City	State	Years Completed	GPA/Class Rank	Major/Minor
Diploma	Degree	Certification	GED	Other	
School	City	State	Years Completed	GPA/Class Rank	Major/Minor
Diploma	Degree	Certification	GED	Other	
School	City	State	Years Completed	GPA/Class Rank	Major/Minor
Diploma	Degree	Certification	GED	Other	

Equal Opportunity Employer

References

List the name 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 that are *not* related to you.

Name	Title	Relationship to You	Telephone	Years Known
Name	Title	Relationship to You	Telephone	Years Known
Name	Title	Relationship to You	Telephone	Years Known

Related Information

To what job related organizations (professional, trade, etc...) do you belong?

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

Organization	Offices Held
Organization	Offices Held
Organization	Offices Held
Organization	Offices Held

List special accomplishments, publications, awards, etc...

Exclude information 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.

In your current or a prior job, have you ever written instructions to be followed by employees or customers? N/A Yes No
If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

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

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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

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 for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. 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 express language 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 authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: ____/____/____

Equal Opportunity Employer