

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date: / /

APPLICANT DATA:

Position applied for:

Full Name:

LAST

FIRST

MIDDLE

Address:

City:

State:

Zip:

Phone: ()

Cell/Beeper/Other Phone:

E-Mail Address:

Date available to start:

Social Security #:

Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one? ☐ Yes ☐ No

If no, please explain: _____

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____Are you a citizen of the United States? ☐ Yes ☐ No If not, are you legally allowed to work in the United States? ☐ Yes ☐ NoType of employment desired: ☐ Full-time ☐ Part Time ☐ Temporary ☐ SeasonalHave you ever pled "guilty," "no contest," or been convicted of a crime? ☐ Yes ☐ No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____

State: _____

Who referred you to us? _____

EDUCATION:

High School:

Address: _____

of Years Completed:

Did you graduate? ☐ Yes ☐ No

GPA: _____

Class Rank: _____

College/University:

Address: _____

of Years Completed:

Did you graduate? ☐ Yes ☐ No

Degree: _____

Major: _____

GPA: _____

Class Rank: _____

Other: _____

Address: _____

of Years Completed:

Did you graduate? ☐ Yes ☐ No

Degree: _____

Major: _____

GPA: _____

Class Rank: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____

Phone: () _____

Address: _____

City: _____

State: _____

Zip: _____

Name: _____

Phone: () _____

Address: _____

City: _____

State: _____

Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____