

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 of Application:(month/day/year) / /
Application Data	Position Applied For:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Date Available to Start: _____ Social Security Number: _____ Date of Birth: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Class of Driver's License: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally allowed to work in the United States? Yes No

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

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: _____

Answering yes to these questions doe 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: _____

Education History

Name & Location of High School: _____ Did you graduate? _____

Name & Location of College: _____ Years attended: _____

Degrees Completed: _____ Other Subjects Studied: _____

Trade, Business or Correspondence School: _____ Years attended: _____

Subjects Studied: _____ Did you graduate? _____

Summarize Your Special Skills or Qualifations:

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___	To ___/___/___	Position(s) Held: _____
Company Name: _____	Address: _____	
City: _____	State: _____	Zip: _____
Phone: _____	Supervisor: _____	Title: _____
Responsibilities: _____ _____		
Starting Salary and Title: _____	Ending Salary and Title: _____	
Reason for leaving: _____ _____		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment: From ___/___/___	To ___/___/___	Position(s) Held: _____
Company Name: _____	Address: _____	
City: _____	State: _____	Zip: _____
Phone: _____	Supervisor: _____	Title: _____
Responsibilities: _____ _____		
Starting Salary and Title: _____	Ending Salary and Title: _____	
Reason for leaving: _____ _____		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment: From ___/___/___	To ___/___/___	Position(s) Held: _____
Company Name: _____	Address: _____	
City: _____	State: _____	Zip: _____
Phone: _____	Supervisor: _____	Title: _____
Responsibilities: _____ _____		
Starting Salary and Title: _____	Ending Salary and Title: _____	
Reason for leaving: _____ _____		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____

Date: _____