

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.

Position Applied for: _____ Date of Review: _____

How were you referred to us: _____

Applicant Data:

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____

Email: _____

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: _____ No: _____

Type of employment desired:

Full-Time: _____ Part-Time: _____ Temporary: _____ Seasonal: _____

Have 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: _____

Have you had any moving violations in the last 3 years? Yes: _____ No: _____

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 as a reference? _____

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 as a reference? _____

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: _____

Have you had any moving violations in the last 3 years? Yes: No: 1

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 as a reference? _____

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 as a reference? _____

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 as a reference? _____

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, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

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

Signature of Applicant: _____ Date: _____