Employment Application

Programs, services, and employment are available equally to everyone. Date _____

Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

APPLICANT DATA:

Position Applied for:

How were you referred to us: _____ _____

Full Name: _____
Last First Middle

Address: _____ City: State: Zip:

Phone #: _____ Other Phone: Email Address: _____

Available Start Date: _____ Social Security #: Salary Requirements: _____

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

If no, please explain: _____

Have you ever worked for this company before? Yes ☐ No ☐ If so When? _____

Are you a US Citizen? YES ☐ No ☐ If not do you have work papers? Yes ☐ No ☐

Type of Employment desired: Full Time ☐ Part Time ☐ Temp ☐ Season ☐

Have you ever plead "guilty" or "no contest" to or been convicted of a crime? Yes ☐ NO ☐

If Yes give dates & details: _____

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

Drivers License # if acclicable to position: _____ State: _____

Education:

High School: Address:

Years completed: Did you graduate? YES ☐ No ☐

College/University: Address:

Years completed Did You graduate? Yes ☐ No ☐

Major: GPA:

Other: Address:

Years completed Did You graduate? Yes ☐ No ☐

Major: GPA:

Reference:

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 speical skills or qualifications:

Previous Employment (begin with most recent position)

Dates of Employment: From ____ To ____ Position Held: ____

Firm: ____ Address: ____

Phone: ( ) ____ Supervisor: ____ Title: ____

Responsibilities: ____

Starting Salary & Title: ____ Ending Salary & Title: ____

Reason for Leaving: ____

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

Dates of Employment: From ____ To ____ Position Held: ____

Firm: ____ Address: ____

Phone: ( ) ____ Supervisor: ____ Title: ____

Responsibilities: ____

Starting Salary & Title: ____ Ending Salary & Title: ____

Reason for Leaving: ____

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

Dates of Employment: From ____ To ____ Position Held: ____

Firm: ____ Address: ____

Phone: ( ) ____ Supervisor: ____ Title: ____

Responsibilities: ____

Starting Salary & Title: ____ Ending Salary & Title: ____

Reason for Leaving: ____

May we contact this employer for 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 herby release employers, schools or persons from all liability in 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: ____ Date: ____