

# Employment Application

Position applied for:

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

**Date:**

Full Name:

*FIRST*

*MIDDLE*

*LAST*

Address:

City:

State:

Zip:

Phone:

Cell/Beeper/Other Phone:

Email Address:

Date available to start:

Social Security #:

Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one?  
If no, please explain:

Yes      No

Have you ever worked for this company?  
If yes, when?

Yes      No

Are you a citizen of the United States?  
If not, are you legally allowed to work in the United States?

Yes      No  
Yes      No

Type of employment desired:      Full-time      Part Time      Temporary      Independent Contractor

Have you ever pled "guilty", "no contest", or been convicted of a crime?  
If yes, give dates and details:

Yes      No

*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:

State:

Do you have reliable transportation?

Yes      No

Who referred you to us?

## **EDUCATION:**

High School:

Address:

Years Completed:

Did you graduate?

Yes      No

GPA:

Class Rank:

College/University/Trade:

Address:

Years Completed:

Did you graduate?

Yes      No

Degree:

Major:

GPA:

Class Rank:

## **SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

**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 Number:		
Address:	City:	State:	Zip:
Name:	Phone Number:		
Address:	City:	State:	Zip:

**EMERGENCY CONTACTS:**

Please furnish the names, addresses and telephone numbers of two people we can contact in case of an emergency.

Name:	Phone Number:		
Address:	City:	State:	Zip:
Name:	Phone Number:		
Address:	City:	State:	Zip:

**PREVIOUS EMPLOYMENT:**

Begin with most recent position.

Dates of Employment: From:	To:	Position(s) Held:	
Company:	Phone Number:	May we contact?	
Address:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			

Dates of Employment: From:	To:	Position(s) Held:	
Company:	Phone Number:	May we contact?	
Address:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			

Dates of Employment: From:	To:	Position(s) Held:	
Company:	Phone Number:	May we contact?	
Address:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			

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.

My name, typed below, implies my signature:

Signature of Applicant:

Date: