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 Interview (Month/Day/Year): / /
Applicant Data:	
How were you referred to us:	

Full Name: _ _____

Address: _____ City: _____ State: _____ Zip _____

Previous Address, If Less Than 5 Years: _____

Phone: _____ Cell: _____ E-mail: _____

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

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

_____

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 ❑Temporary ❑Seasonal

Have you ever plead 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.

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 Qualifications

_____

_____

Previous Employment (begin with most recent position)

Dates of Employment: From_____/_____/_____ To_____/_____/_____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Supervisors 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: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Supervisors 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: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Supervisors 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 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 applications 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 of 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: _____