

Application for Employment

An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name	Social Security #
Address	
Telephone # () Mobile/Beeper/Other Phone #	() E-mail Address
Position(s) applied for	Date of application
Referral Source (Please check the appropriate category and nat	
□ Walk-in	School
Employee	□ Job Fair
Advertisement	Staffing Agency
Company Website	Government Employment Agency
Other Internet	□ Other
If necessary, best time to call you at home is	Will you travel is job requires it?□ Yes □ No
May we contact you at work?□ Yes □ No	If they have been explained to you, are you able to meet the attendance requirements of the position? \dots \square N/A \square Yes \square No
If yes , work number and best time to call:	
	Will you work overtime if required?□ Yes □ No
If you are under 18 and it is required, can you furnish a work permit?□ Yes □ No	If no , please explain
If no , please explain	Driver's license number required if driving may be required in the job for which you are applying:
Have you submitted an application here before? $\dots \square$ Yes \square No	# State
If yes , give date(s) and position(s)	Have you ever been bonded?□ Yes □ No
Have you ever been employed here before?□ Yes □ No	Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
If yes , give dates From/ To/	Have you ever pled "guilty' or "no contest" to, or been
Are you legally eligible for employment in this country?	convicted of a crime?□ Yes □ No
□ Yes □ No	
	If yes , please provide date(s) and details
Date available for work //	
What is your desired salary range or hourly rate of pay? \$ Per	
Type of employment desired: □ Full Time □ Part Time □ Educational Co-Op □ Seasonal □ Temporary	
Will you relocate if job requires it?□ Yes □ No	

Employment History Starting with your most recent employer, provide the following information.

Employer	Telephone #		Dates employed:	Month	Year	to	Month	Year
Street Address	City	State		Compe	nsation (Sta	rting)		
Starting job title / final job title			□ Hourly □ Salar	y		\$	p	er
Immediate supervisor and title (for mo	st recent position held)	May we contact for reference? □ Yes □ No □ Later	Commission/Bonu	s/Other Co	ompensation	\$		
Why did you leave?				Comp	ensation (Fi	nal)		
Summarize the type of work performe	ed and job responsibilities.		□ Hourly □ Salar	y		\$	p	er
What did you like most about your po	osition?		Commission/Bonu	s/Other Co	ompensation	n \$		
What were the things you liked least a	about the position?					•		

Employer	Telephone #		Dates employed:	Month	Year	to	Month	Year
Street Address	City	State		Compe	nsation (Sta	arting)		
Starting job title / final job title			□ Hourly □ Salary	/		\$	р	er
Immediate supervisor and title (for	most recent position held)	May we contact for reference? □ Yes □ No □ Later	Commission/Bonus	s/Other Co	ompensation	n \$		
Why did you leave?				Comp	ensation (F	ïnal)		
Summarize the type of work perfor	rmed and job responsibilities		□ Hourly □ Salary	/		\$	р	er
What did you like most about your	position?		Commission/Bonu	s/Other Co	ompensatio	n \$		
What were the things you liked lea	st about the position?					·		

Employer	Telephone #		Dates employed:	Month	Year	to	Month	Year
Street Address	City	State		Compe	nsation (Sta	rting)		
Starting job title / final job title			□ Hourly □ Salary	/		\$	р	er
Immediate supervisor and title (for mo	ost recent position held)	May we contact for reference? □ Yes □ No □ Later	Commission/Bonus	s/Other Co	ompensatior	n \$		
Why did you leave?				Comp	ensation (F	inal)		
Summarize the type of work performe	ed and job responsibilities.		□ Hourly □ Salary	/		\$	р	er
What did you like most about your po	osition?		Commission/Bonu	s/Other Co	ompensation	n \$		
What were the things you liked least a	about the position?					•		

Employer	Telephone #		Dates employed:	Month	Year	to	Month	Year
Street Address	City	State		Compe	nsation (St	arting)		
Starting job title / final job title			□ Hourly □ Salary	/		\$	р	er
Immediate supervisor and title (for mo	st recent position held)	May we contact for reference?	Commission/Bonus	s/Other Co	ompensatio	n \$		
Why did you leave?				Comp	ensation (F	Final)		
Summarize the type of work performe	ed and job responsibilities.		□ Hourly □ Salary	/		\$	р	er
What did you like most about your po	osition?		Commission/Bonu	s/Other Co	ompensatio	n \$		
What were the things you liked least a	about the position?							

Empl	loyment	History	(continued)
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Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

□ Word Processing	Years:
Spreadsheet	Years:
Presentation	Years:
E-mail	Years:

tes and years of experiences,	
Internet	Years:
Other	Years:
□ Other	Years:
□ Other	Years:

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/ Minor
		🗖 Diploma 🗖 GED		
		Degree		
		Certification		
		□ Other		
		🗖 Diploma 🗖 GED		
		Degree		
		Certification		
		□ Other		
		Diploma GED		
		Degree		
		Certification		
		□ Other		
		Diploma GED		
		Degree		
		Certification		
		□ Other		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in the lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete a 1-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from te employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Date

			INTERVIEWER	DATE
Employed 🗆 Yes 🗖 No	Date	of Employment		
ob Title	Salar	у	Department	
	Ву			
		NAME AND TITLE	DATE	