



Application For Employment

INSTRUCTIONS: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, sexual orientation, disability, genetic predisposition or carrier status, genetic information, handicap, marital status, national origin, veteran status or arrest/conviction record.

PERSONAL INFORMATION		Date of Application	
Complete Name (Last) (First) (Middle)			
Street Address		City	State Zip Code
Any other name(s) under which you have been previously employed or under which school records would be located.		Phone Number	
Position(s) Applied For		Starting Wage Desired	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____		Names of friends or relatives employed by this company	
If you are under 18 years of age, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with us before? If yes, give date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with us before? If yes, give date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the U.S. or do you have a valid work permit? (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you work consistently and arrive to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What date would you be available to work?		Available to work: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> Temporary	
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are there limitations? Explain.			
Have you been convicted of a crime? (Conviction will not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates of offenses and dispositions.			
Have you ever had any job-related training in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			

EDUCATION	ELEMENTARY SCHOOL				HIGH SCHOOL				UNDERGRADUATE COLLEGE / UNIVERSITY				GRADUATE / PROFESSIONAL			
	School Name and Location															
Years Complete	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																
Describe Course of Study																

Describe any specialized training, apprenticeship, skills, qualifications, honors or extra-curricular activities which you feel may be helpful to us in considering your application. You may exclude memberships which would reveal race, color, religion, creed, age, sex, sexual orientation, disability, genetic predisposition or carrier status, genetic information, marital status, national origin, U.S. military service or arrest/conviction records.

EMPLOYMENT EXPERIENCE - Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude voluntary work which indicates race, color, religion, creed, age, sex, sexual orientation, disability, genetic predisposition or carrier status, genetic information, marital status, national origin, U.S. military service or arrest/conviction records.

DATES OF EMPLOYMENT (MONTH AND YEAR)	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	SALARY	DESCRIPTION OF WORK PERFORMED	REASON FOR LEAVING
From		Starting:		
To		Final:		
Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATES OF EMPLOYMENT (MONTH AND YEAR)	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	SALARY	DESCRIPTION OF WORK PERFORMED	REASON FOR LEAVING
From		Starting:		
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Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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From		Starting:		
To		Final:		
Job Title / Position:		Supervisor:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES - Give name, address and telephone number of three professional references who are qualified to evaluate your capabilities.

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signature of Applicant	Date
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