Application for Employment

PLEASE PRINT

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.

Position(s) applied for _____ Name of Referral (if applicable) _____
Referral Source: Advertisement ☐ Employee ☐ Relative ☐ Walk-in ☐ Gov. Emp. Agency ☐ Private Emp. Agency ☐ Other ☐

Name _____ Date of Application _____
Last First Middle

Address _____ Social Security Number _____
Street City State Zip Code

Please indicate the best Number/Time to contact _____
Home Phone ☐ Cell Phone ☐ Work Phone ☐

Do you need any extended period of time off in the next year? **Yes** **No** If yes, why? _____

Please indicate any times you are NOT able to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Have you ever been employed here before? **Yes** **No** If yes, give dates From _____ To _____

Date available for work _____ Type of employment desired: Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Educational Co Op ☐

Will you work overtime, if required? **Yes** **No** If no, please explain _____

Have you been convicted of a felony or misdemeanor in the last seven (7) years? **Yes** **No** If yes, please explain _____

Educational Background (if job related)

A - List three (3) schools attended, starting with most recent. B – List number of years completed. C – Indicate degree or diploma earned. D – Grade Point Average or Class Rank. E – Major field of study. F – Minor field of study (if applicable).

A – School	B – Yrs. Completed	C – Degree/Diploma	D – Class Rank	E – Major	F - Minor

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform the job-related functions in the position for which you are applying

_____
_____
_____

Special accomplishments, publications, awards, etc. (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

_____
_____

List any additional information you would like us to consider.

_____
_____

Employment History

Provide the following information about your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer Telephone	Dates Employed From: To:	Summarize the type of work performed and the job responsibilities
Address		
Job Title	Hourly Rate/Salary – Starting $ Per	
Immediate Supervisor and Title	Hourly Rate/Salary – Final $ Per	
Reason for Leaving		
May we contact reference?	Yes No	

Employer Telephone	Dates Employed From: To:	Summarize the type of work performed and the job responsibilities
Address		
Job Title	Hourly Rate/Salary – Starting $ Per	
Immediate Supervisor and Title	Hourly Rate/Salary – Final $ Per	
Reason for Leaving		
May we contact reference?	Yes No	

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	Telephone	Years Known

Voluntary Information:

The company is an equal opportunity employer committed to a diverse work force. In order to assist us in our efforts, we invite you to voluntarily provide responses to the following requests for information. Failure to respond will not subject you to adverse treatment. This information shall be kept confidential and separate from your application. Information provided will be used only in accordance with the law and for equal opportunity purposes.

☐ I do not wish to furnish this information

Male ☐ Female ☐

American Indian ☐ Asian ☐ Black or African American ☐ Alaskan Native ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to 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 without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without any cause and 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 representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant _____ Date of application _____