

Application for Employment

Please Print

Position(s) applied for: _____ Date of Application ____ / ____ / ____

Referral Source: ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-In ☐ Private Employment Agency ☐ Other: _____

Name of Source: (if applicable) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ - _____ Social Security Number: _____ - _____ - _____

If necessary, best time to call you at home is: _____

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call: (____) _____ - _____ Time: _____

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

If yes, give date: ____ / ____ / ____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates: From: ____ / ____ / ____ To: ____ / ____ / ____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work: ____ / ____ / ____

Type of employment desired: ☐ Full Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-op

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Will you relocate if the job requires it? ☐ Yes ☐ No Will you travel if the job requires it? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If required by the employer, will you undergo pre-employment physical? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

Have you been convicted of a felony in the last seven (7) years? ☐ Yes ☐ No

Such conviction may be relevant if job related, but does not bar you from employment.

If yes, please explain: _____

Date of Birth: _____

Driver's License Number (if required by Job) _____

An Equal Opportunity Employer

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.
Explain any gaps in employment in comments section below.

| | | | |
|--|----------------|--------------------|---|
| Employer Telephone () -- | Dates Employed | | Summarize the nature of the work performed and job responsibilities: |
| | From | To | |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| | | Starting: | |
| Immediate Supervisor and Title | | \$ Per | |
| Reason for Leaving | | Hourly Rate | |
| | | Final | |
| May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ Per | |

| | | | |
|--|----------------|--------------------|---|
| Employer Telephone () -- | Dates Employed | | Summarize the nature of the work performed and job responsibilities: |
| | From | To | |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| | | Starting: | |
| Immediate Supervisor and Title | | \$ Per | |
| Reason for Leaving | | Hourly Rate | |
| | | Final | |
| May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ Per | |

| | | | |
|--|----------------|--------------------|---|
| Employer Telephone () -- | Dates Employed | | Summarize the nature of the work performed and job responsibilities: |
| | From | To | |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| | | Starting: | |
| Immediate Supervisor and Title | | \$ Per | |
| Reason for Leaving | | Hourly Rate | |
| | | Final | |
| May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ Per | |

| | | | |
|--|----------------|--------------------|---|
| Employer Telephone () -- | Dates Employed | | Summarize the nature of the work performed and job responsibilities: |
| | From | To | |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| | | Starting: | |
| Immediate Supervisor and Title | | \$ Per | |
| Reason for Leaving | | Hourly Rate | |
| | | Final | |
| May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | | \$ Per | |

Comments (including explanation of any gaps in employment)

Skills and Qualifications – Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our Company.

Educational Background

A. List last three (3) schools attended, *starting with the last one*. **B.** List number of years completed. **C.** Indicate degree of diploma earned, if any.
D. Grade Point Average or Class Rank and **E.** Major and Minor field of study (if applicable.)

| A. School | B. No. Years Completed | C. Degree Diploma | D. GPA Class Rank | E. Major | F. Minor |
|-----------|------------------------|-------------------|-------------------|----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

List any foreign languages and check the box that best describes your skill level.

| Language | Read and Write | Read and Speak | Read Only | Speak Only |
|----------|----------------|----------------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References

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

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | () - | |
| | () - | |
| | () - | |

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or any other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

List any additional information you would like us to consider.

Vietnam Era Veteran: ☐ Yes ☐ No

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box: ☐ Yes ☐ No

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

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 for me to fill out a new application.

Signature of Applicant: _____ Date: ____ / ____ / ____