

# 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) \_\_\_\_\_

# 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?		\$	Per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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Reason for Leaving		Hourly Rate		
		Final		
May we Contact for Reference?		\$	Per	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_