

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Date of Application: _____

Name _____
LAST FIRST MIDDLE
Address _____
NUMBER STREET CITY STATE ZIP CODE
Telephone _____ - _____ Social Security Number _____ - ____ - _____
AREA CODE

If employed and 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 date _____
Are you employed now? Yes No
May we contact your present employer? Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary
Are you on a lay-off and subject to recall? Yes No
Have you been convicted of a crime? Yes No

If Yes, please explain: _____

Do you have a clean driving record? Yes No

If No, please explain: _____

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Veteran of US. Military service? Yes No If Yes, Branch _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If Yes, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If Yes, please indicate: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers, whom you have known at least one year.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
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Supervisor			
Reason for Leaving			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Employment Application Continued

Education

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Neatness _____ Hired Yes No Position _____

Dept. _____ Approved _____ Date to start work _____