

Application for Employment



Let yourself shine.

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 # _____
 Street City State Zip

Please indicate the best No./Time to contact _____
 Home Phone : ____ : ____ ^{AM}/_{PM} Cell Phone : ____ : ____ ^{AM}/_{PM} Work Phone : ____ : ____ ^{AM}/_{PM}

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 _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Educational Background IF JOB-RELATED

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

A. SCHOOL	B. # OF YRS. COMPLETED	C. DEGREE DIPLOMA	D. GPA/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, NATION ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.) _____

List any additional information you would like us to consider. _____

AN EQUAL OPPORTUNITY EMPLOYER

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 JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY - STARTING \$ PER		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY - FINAL \$ PER		
MAY WE CONTACT FOR REFERENCE?		YES	NO	
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY - STARTING \$ PER		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY - FINAL \$ PER		
MAY WE CONTACT FOR REFERENCE?		YES	NO	
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY - STARTING \$ PER		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY - FINAL \$ PER		
MAY WE CONTACT FOR REFERENCE?		YES	NO	

Comments _____

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
	()	
	()	
	()	

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.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from 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 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 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 ____ / ____ / ____