

# EMPLOYMENT APPLICATION

Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application. NOTE: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

## I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ( )
City	State	Zip	Business Phone ( )
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain:	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name:			
Have you ever been convicted of a crime, pled no contest or had adjudication withheld? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, explain (Convictions will not necessarily disqualify you for the position)			
Does your present employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No      Why do you desire to make a change?			

## II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		

## III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

## IV. SKILLS - If Applicable for Position for Which You Are Applying

Typing speed wpm	10 key by Touch <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages (indicate proficiency to speak, read and write)
PC Skills (Indicate software used)		
Other Skills		
Do you have any experience, training, qualifications or special skills, which you think, make you especially suited for work at this company? (Explain)		

**NOTICE TO APPLICANTS:** This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

**V. Prior Work Record (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)**

<b>1</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Company Name		Phone ( )		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**VI. REFERENCES (Do not list relatives or former employers)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**VII. ACKNOWLEDGMENT**

*Please read carefully, initial each paragraph, and sign below*

<b>Initial</b>	<p>The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a résumé, or other applicant information provided may be considered sufficient reason for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.</p> <p>I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. <b>I understand that employment at this organization is on an "at will" basis, and includes no guarantee, contract, or promise of employment for any specific length of time.</b></p>
Applicant Signature: _____	
Date: _____	

**This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.**