

# Employment Application

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department. Information provided on this application will be kept confidential and only be shared with those involved in the selection process.

**Please Print.**

**Today's Date:** \_\_\_\_\_

## General Information

Name \_\_\_\_\_  
   Last    First    Middle

Present Address \_\_\_\_\_  
   Street    City    State    Zip Code

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Are you 18 years or older?     Yes     No

Are you legally authorized to work in the United States?     Yes     No

As required by law, documents that prove identity and eligibility to work must be provided at the time of hire.

## Employment Desired

Position Applied For: \_\_\_\_\_

Do you want to work:      Full-time \_\_\_\_\_      Part-time \_\_\_\_\_      Temporary \_\_\_\_\_

Specify days and hours available, if part-time: \_\_\_\_\_

Date available to start work: \_\_\_\_\_      Salary Expectations: \_\_\_\_\_

Have you applied for employment with this company within the last 12 months?     Yes       No

Have you ever worked for us before?     Yes       No

## Education

	<b>High School</b>	<b>College</b>	<b>Technical College</b>	<b>Graduate School</b>
<b>School Name and Location</b>				
<b>Years Completed (circle)</b>	9   10   11   12	1   2	1   2   3   4	1   2   3   4
<b>Graduated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diploma/Degree/Certificate</b>				

## Special Skills/Additional Training

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, religion, sex, national origin, genetic information, disability or age or any other status protected by law or regulation.




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**Miscellaneous**

Has your employment with any employer ever been involuntarily terminated?  Yes  No

If yes, please identify the employer(s), date of termination(s) and reason(s) for termination:

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**Employment History**

(Please Start With Your Present or Most Recent Position)

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed:      From:      To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	
If present employee, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed:      From:      To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	

Name Of Employer:	Address:
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Telephone Number:	Email Address:
Dates Employed:      From:      To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	

Name Of Employer:	Address:
Telephone Number:	Email Address:
Dates Employed:      From:      To:	Name And Title Of Supervisor:
Position:	Reason For Leaving:
Brief Description Of Your Work And Responsibilities:	

### References

Please provide the names of three business references that are not related to you.

Name	Phone Number	Address	Years Known
1.			
2.			
3.			

### Signature

**APPLICANT: Please read the following carefully before signing this application.**

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process may eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all



employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.

- I understand that the company may conduct a criminal background investigation of me for the position for which I am applying and that a separate authorization to do so will be required. A conviction is not an automatic bar to consideration and/or employment

**By signing below, I acknowledge that I have read and understand the above statements.**

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Date

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(Signature of Applicant)