



## APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position(s) applying for \_\_\_\_\_  
How did you hear about the position?  Referred by \_\_\_\_\_  Newspaper  Online

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_  
Driver's license number if driving is an essential job function: \_\_\_\_\_ State: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_  
Type of employment desired:  Full-Time  Part-time  1<sup>st</sup> shift  2<sup>nd</sup> Shift  
Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  Yes  No  
Have you ever been convicted of a felony?  Yes  No If yes, please describe circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No  
If yes, please describe circumstances: \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?  Yes  No

### EMPLOYMENT

(Most Recent First.)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Starting Rate/Salary \$ \_\_\_\_\_ Ending Rate/Salary \$ \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Starting Rate/Salary \$ \_\_\_\_\_ Ending Rate/Salary \$ \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Starting Rate/Salary \$ \_\_\_\_\_ Ending Rate/Salary \$ \_\_\_\_\_  
Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
 4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No  
 Starting Rate/Salary \$ \_\_\_\_\_ Ending Rate/Salary \$ \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**EDUCATION**

School Name	Location	Years Attended	Degree Received	Major

Summarize training, certifications, licenses, or skills that may qualify you for the position you are applying for.

\_\_\_\_\_  
 \_\_\_\_\_

**References**

Name	Phone Number	Relation	Years Known	

**ACKNOWLEDGMENT AND AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date