



# APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY/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 # \_\_\_\_\_

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 able to provide proof of authorization to work in the U.S.? [ ] Yes [ ] No

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

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Duties Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact? [ ] Yes [ ] No  
 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