

# Application for Employment

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency  
☐ Walk-in ☐ Staffing Employment Agency ☐ Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_ Salary/Wage Desired \_\_\_\_\_

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

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

Telephone Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_ am  
pm

May we contact you at work? \_\_\_\_\_ ☐ Yes ☐ No

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_ am  
pm

If you are under 18, can you furnish a work permit? \_\_\_\_\_ ☐ Yes ☐ No

Have you filed an application here before? \_\_\_\_\_ ☐ Yes ☐ No

If yes, give date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ ☐ Yes ☐ No

If yes, give dates \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ ☐ Yes ☐ No  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Are you on lay-off and subject to recall? \_\_\_\_\_ ☐ Yes ☐ No

Will you relocate if job requires it? \_\_\_\_\_ ☐ Yes ☐ No Will you travel if job requires it? \_\_\_\_\_ ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ ☐ Yes ☐ No

Will you work overtime if required? \_\_\_\_\_ ☐ Yes ☐ No

Have you ever been bonded? \_\_\_\_\_ ☐ Yes ☐ No

Have you ever been convicted, pled guilty, no lo contendre, or no contest to a felony, misdemeanor, or criminal \_\_\_\_\_ ☐ Yes ☐ No  
infraction of any kind? (Such information may be relevant if job related, but does not bar you from employment.)

If yes, please explain. \_\_\_\_\_

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone (       )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address:				
Job Title:		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for Leaving:		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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		From	To	
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Job Title:		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title:		\$	Per	
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Immediate Supervisor and Title:		\$	Per	
Reason for Leaving:		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment):

**Skills and Qualifications** - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying. \_\_\_\_\_

Can you type? \_\_\_\_\_ What is your WPM typing speed? \_\_\_\_\_

# 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 and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

## 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
	Area Code (       )	
	Area Code (       )	
	Area Code (       )	

List professional, trade, business, or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude memberships which would reveal sex, race, religion, national origin, age color, disability or other protected status.) \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

## Physical Record

Do you have any physical condition which may limit your ability to perform the job applied for?

In Case of  
Emergency Notify

Name	Address	Phone No.
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# Acknowledgement

It is understood and agreed upon that any intentional misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's 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.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I certify that the information completed in this application is correct and to the best of my ability.

\_\_\_\_\_

Print

\_\_\_\_\_

Date

\_\_\_\_\_

Sign