



# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of Application: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Presently employed? ☐ Yes ☐ No      May we contact? ☐ Yes ☐ No

Desired position: \_\_\_\_\_

Are you looking for full-time employment? ☐ Yes ☐ No

If no, what hours are you available? \_\_\_\_\_

Date you can start: \_\_\_\_\_ Desired starting salary: \_\_\_\_\_

## Education

<i>School Name and Location</i>	<i>Year</i>	<i>Major</i>	<i>Degree</i>
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High School	_____	_____	_____
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College	_____	_____	_____
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College	_____	_____	_____
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Other Training	_____	_____	_____
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In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

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**Employment History** (Start with most recent employer)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ End Wage: \_\_\_\_\_ End Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ End Wage: \_\_\_\_\_ End Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ End Wage: \_\_\_\_\_ End Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_

End Date: \_\_\_\_\_ End Wage: \_\_\_\_\_ End Position: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References** *(List three personal references, not related to you, who have known you for more than one year.)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(You may be required to provide documentation.) ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_