

# Employment Application

## Personal Information

(PLEASE PRINT CLEARLY)

Last Name		First Name		Middle	Social Security No.									
Home Address			City	State	Zip									
Home Telephone ( ) ( )		Business Telephone ( ) ( )		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Position Applying For: _____ Date Available: ___/___/___ Are you interested in (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer				Days and hours available.	Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
					From									
					To									
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No What percent? _____%										

## Education

Type of School	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)	
High School			1 2 3 4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
College			1 2 3 4	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Graduate Professional				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Specify)				Yes <input type="checkbox"/>	No <input type="checkbox"/>

## U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

## Special Skills

Typing Speed _____ wpm	Shorthand or Speedwriting _____ wpm	CRT _____ (Strokes/Hour)	PC Software / Other Equipment
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## Legal

Will you provide required verification of eligibility to work if you are under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged from employment by any company/organization for which you have worked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? A conviction will not necessarily disqualify an applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Applicant's Name

Last

First

Middle

Soc. Sec. No.

For Office Use Only

Date Application Received

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Employer	From: Dates Employed To:	Starting: Hourly Rate/Salary Final:	Position(s) Held
Street Address				Telephone Number
City		State	Zip Code	Supervisor's Name
Reason(s) for Leaving				
<b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you previously worked for this company or any of its subsidiaries ?  Yes  No

Name \_\_\_\_\_ Location \_\_\_\_\_

City & State \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

## References

Business References (Do not list relatives.)				
Name	Address	Work Phone Number	Title	Years Known
		( )		
		( )		
		( )		

## Please Read Carefully

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. I authorize a complete reference check. 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.

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.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_