

Employment Application

PERSONAL INFORMATION

Job Applied For		Date			
Name (Last Name First)					
Address	City	State	Zip		
E-mail Address		Phone			
Are you 18 Years or Older? If not, can you submit a work permit? ☐ Yes ☐ No ☐ Yes ☐ No					

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

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What Position Or Type Of Wor	k Are You Seeking?	If Hired, When Will You Be Available To Start? Salary Desired		ed	
Are You Employed Now?	_	If So May We Inquire of Your Present Employer? □ Yes □ No			
Ever Applied To This Company	y Before?	Where?	When?	When?	
Ever Worked For This Compan	y Before?	Where? When?			
Are You Interested In: ☐ Full-Time ☐ Part-Time	me Temporary	What Days and Hours are you willing to work?	-		
Who Referred You To This Company? □ Employment Agency □ Newspaper Advertising □ Friend □ State Employment Office □ College Placement Service □ Walk In □ Other					
EDUCATION					
School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree	
High School					
College					
Trade, Business or Correspondence School					
GENERAL					
Describe any job related specialized training, apprenticeship, skills and extra-curricular activities: (Please do not include any information that would reveal a protected class status)					
List any job-related professional or technical organizations to which you belong: (Please do not include any information that would reveal a protected class status)					

FORMER EMPLOYERS List Last Three Employers, Starting With The Most Recent One First.

Name of Present or Last Employe	or .			
Address	City	State	Zip	
Starting Date	Leaving Date	Job Title	Job Title	
Starting Salary	Final Salary	May We Contact Your Supervisor □ Yes □ No		
Name of Supervisor	Title	Phone		
Description of Work				
Reason For Leaving				
Name of Previous Employer				
Address	City	State	Zip	
Starting Date	Leaving Date	Job Title		
Starting Salary	Final Salary	May We Contact Your Supervisor □ Yes □ No		
Name of Supervisor	Title	Phone		
Description of Work				
Reason For Leaving				
Name of Previous Employer				
Address	City	State	Zip	
Starting Date	Leaving Date	Job Title		
Starting Salary	Final Salary	May We Contact Your Supervisor □ Yes □ No		
Name of Supervisor	Title	Phone	Phone	
Description of Work				
Reason For Leaving				

SPECIALIZED SKILLS (theck Skills/Equipment Ope	ratea			
□ Word □ Excel	☐ Microsoft Outlook☐ Desktop Publishing	□ Other			
☐ PowerPoint	□ 10-Key				
REFERENCES					
Name	Address	Business & Phone	Years Acquainted		
Can you meet the job requirements of the position for which you applied with or without an accommodation? ☐ Yes ☐ No-Explain:					
Can you meet the work schedule or atte	endance requirements of the	job?			
☐ Yes ☐ No-Explain:					
Can you, if employed, submit verification of your legal right to work in the United States? ☐ Yes ☐ No					
APPLICANT'S STATEMENT					
"I certify that the facts contained in this application and any accompanying resume are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application or resume may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that the company shall not be liable in any respect if my employment is so denied or terminated.					
I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise to include credit history, education, employment verification, personal references and criminal records. I release the company from all liability for any damage that may result from receiving and/or using such information.					
I hereby understand and acknowledge that, 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 or notice. 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. I also understand that this application and any employee manuals or handbooks that may be distributed to me shall not be construed or relied upon as a contract.					
Signature of Applicant:		Date			