

APPLICATION FOR EMPLOYMENT

Date: ____/____/____

Instructions: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, age, religion, sex, medical condition or disability, or any other legally protected status. Please print.

DESIRED EMPLOYMENT

Position(s) applied for: _____ Rate per hour/ Salary Desired: _____

How did you learn of position? Advertisement Friend/Relative/Employee Walk In School
 Employment Agency State Employment Office Other

Have you ever filed an application with us before? Yes No If Yes, when? ____/____/____

Have you ever been employed with us before? Yes No If Yes, when? ____/____/____

On what date would you be available to work? ____/____/____

Are you available to work: Full Time Part Time Shift Work Temporary Summer

Hours and days you are available to work: _____

Do you have any restrictions or obligations that would prevent you from performing the job as described? _____

Do you have any restrictions or obligations that would prevent you from working overtime? Yes No

Do you have any restrictions or obligations that would prevent you from working consistently or arriving to work on time? Yes No

Can you travel if the job requires it? Yes No If Yes, are there limitations? Yes No Explain: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

Home Phone Number:(____) _____ - _____

Any other name(s) under which you have been previously employed or under which school records would be located?

Any previous residence: _____

Are you 18 years or older? Yes No If you are under 18 years of age, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in the country because of VISA or immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever been convicted of a crime? (conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, please list dates of offenses and dispositions: _____

Do you possess a valid state driver's license? Yes No Any special driver's licenses? _____

EMPLOYMENT EXPERIENCE

Instructions: Start with your present or most recent job.

Dates Employed From/To	Name, Address, & Phone Number of Employer	Supervisor & Title	Job Title and Description of Work Performed	Pay Rate (Starting/Final)	Reason For Leaving

PROFESSIONAL REFERENCES

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>	<u>Years Acquainted</u>

EDUCATION

	Elementary School	High School	College	Graduate Professional	Trade Or Business
School Name					
Address					
Years Completed					
Graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/ Degree					
Course Of Study					

Describe any specialized training, apprenticeship skills and extra- curricular activities relevant to the position applied for.

Describe any honors you have received relevant to the position applied for.

State any additional information you feel may be helpful to us in considering your application.

List any professional, trade, business, or civic activities and offices or licenses held relevant to the position applied for.

APPLICANT'S STATEMENT

I certify the answers given in the application are true and complete to the best of my knowledge. I understand that if employed, any false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment or if hired this does not constitute any form of contract, implied, or expressed. Employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I authorize investigation of all statements contained herein and the references and employers listed, to give you any and all information necessary in arriving at an employment decision.

Signature Of Applicant

____/____/____
Date

**Applicant- Do Not Write on the Page
For Interviewers Only**

Interviewed by: _____ Date: ____/____/____

Comments: _____

Interviewed by: _____ Date: ____/____/____

Comments: _____

Interviewed by: _____ Date: ____/____/____

Comments: _____

REFERENCE CHECK

Done By: _____ Spoke To: _____ Date: ____/____/____

Results Of Reference Check: _____

Done By: _____ Spoke To: _____ Date: ____/____/____

Results Of Reference Check: _____

Done By: _____ Spoke To: _____ Date: ____/____/____

Results Of Reference Check: _____

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Results Of Reference Check: _____
