

# Application for Employment



EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE HUMAN RESOURCES DEPARTMENT.

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

(“any” will discontinue the application from being processed)

## REFERRAL SOURCE:

- ADVERTISEMENT    EMPLOYEE    WALK-IN    RELATIVE    PRIVATE AGENCY  
 GOVERNMENT AGENCY    OTHER \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE ( ) \_\_\_\_\_ 2nd PHONE ( ) \_\_\_\_\_

BEST TIME TO CALL \_\_\_\_\_ E-mail \_\_\_\_\_

May we contact you at work? N/A  YES  NO

If yes, work # and best time to call \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? N/A  YES  NO

If no, please explain. \_\_\_\_\_

Have you submitted an application here before? YES  NO

If yes, give date(s). \_\_\_\_\_

Have you ever been employed here before? YES  NO

If yes, give date(s). \_\_\_\_\_

Are you legally eligible for employment in the United States? YES  NO

Date available for work. \_\_\_\_\_

## TYPE OF EMPLOYMENT DESIRED

- FULL TIME    PART-TIME    TEMPORARY    SEASONAL    EDUCATIONAL CO-OP

**Will you relocate if job requires it?**

**YES**

**NO**

**Will you travel if job requires it?**

**YES**

**NO**

**Will you work overtime if required?**

**YES**

**NO**

**If no, please explain.**

**EMPLOYMENT HISTORY** *(please complete fully, even if resume is included)*

---

**EMPLOYER**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS**

**JOB TITLE**

**IMMEDIATE SUPERVISOR, TITLE**

**MAY WE CONTACT FOR REFERENCE?**      **YES**       **NO**       **LATER**

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**STARTING RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**FINAL RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**SUMMARIZE TYPE OF WORK PERFORMED:**

\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

---

**EMPLOYER**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS**

**JOB TITLE**

**IMMEDIATE SUPERVISOR, TITLE**

**MAY WE CONTACT FOR REFERENCE?**      **YES**       **NO**       **LATER**

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**STARTING RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**FINAL RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**SUMMARIZE TYPE OF WORK PERFORMED:**

\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**EMPLOYER**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS**

**JOB TITLE**

**IMMEDIATE SUPERVISOR, TITLE**

**MAY WE CONTACT FOR REFERENCE?**

**YES**

**NO**

**LATER**

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**STARTING RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**FINAL RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**SUMMARIZE TYPE OF WORK PERFORMED:**

\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

---

**EMPLOYER**

**PHONE**

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS**

**JOB TITLE**

**IMMEDIATE SUPERVISOR, TITLE**

**MAY WE CONTACT FOR REFERENCE?**

**YES**

**NO**

**LATER**

**DATES EMPLOYED: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**STARTING RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**FINAL RATE OF PAY:** \_\_\_\_\_ **PER** \_\_\_\_\_

**SUMMARIZE TYPE OF WORK PERFORMED:**

\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**Please attach more information if necessary.**

**SKILLS AND QUALIFICATIONS-** Summarize any special training, skills, licenses and/or certificated that may qualify you as being able to perform job-related functions in the position for which you are applying.

---

**EDUCATIONAL BACKGROUND**

<b>SCHOOL</b>	<b># of years completed</b>	<b>Degree/ Diploma</b>	<b>GPA/Class Rank</b>	<b>Major/Minor</b>

---

**REFERENCES**

<b>NAME</b>	<b>TELEPHONE</b>	<b>Years Known</b>

---

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic office held. Exclude those which would reveal sex, race, religion, age, color, or other similarly protected status.

<b>ORGANIZATION</b>	<b>OFFICES HELD</b>

**List special accomplishments, publications, awards, etc.**

---

**List any other additional information you would like us to consider.**

---

**I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, at the time it is discovered.**

**I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.**

**The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.**

**This application is current for only 90 days and for the position applied. 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.**

**If hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. The application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.**

**I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA (Americans with Disabilities Act).**

**I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.**

**I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.**

**SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_**