



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**Please Print**

Position(s) Applied For	Date
How did you learn about us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	City	State      Zip Code
Telephone No.	Mobile No.	E-mail Address

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Are you a U.S. Citizen, or are you otherwise authorized to work in the U.S. without any restriction?     Yes     No

Have you ever been convicted of a felony?     Yes     No    If yes, please describe \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?     Yes     No

If yes, please describe \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?     Yes     No

**Education**

School Name	Location	Years Attended	Degree Received	Major

Other training, certificates, or licenses held: \_\_\_\_\_

## Employment (most recent first)

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

## Special Skills and Qualifications (Summarize special job-related skill and qualification acquired from employment or other experience)

---



---



---



---

## References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

	<u>Name</u>	<u>Telephone Number</u>	<u>Relationship to You</u>	<u>Number of Years Known</u>
1.				
2.				
3.				

## Applicant's Statement

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### For Personnel Department Use Only

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name & Title

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_