



## Employment Application

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Position Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Social Security Number	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary		On what day would you be available for work?	
		What is your desired salary?	
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain:			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number	Issued in what state?	

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, nation origin, disabilities or other protected status.

Company	Supervisor name	Hrs/week
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      D Yes      D No		
Company	Supervisor name	Hrs/week
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      D Yes      D No		
Company	Supervisor name	Hrs/week
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer?      D Yes      D No		

## **References**

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

<b>Reference 1</b>	
Name:	Relationship:
Phone:	Address:
<b>Reference 2</b>	
Name:	Relationship:
Phone:	Address:
<b>Reference 3</b>	
Name:	Relationship:
Phone:	Address:

## **Certification**

I certify that the 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:** \_\_\_\_\_

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