

# 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.

Position(s) Applied For	Date of Application
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How did you learn about us?

Advertisement       Friend       Walk-in  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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If you are under 18 years of age, can you provide required proof of your eligibility to work?       Yes       No

Have you ever filed an application with us before?       Yes       No  
If yes, give date \_\_\_\_\_

Are you currently employed? If yes, give date \_\_\_\_\_       Yes       No

May we contact your present employer?       Yes       No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?       Yes       No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

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

Are you currently on "lay-off" status and subject to recall?       Yes       No

Can you travel if a job requires it?       Yes       No

Have you ever been convicted of a misdemeanor or a felony?       Yes       No

If yes, please explain \_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	

## Special Skills and Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

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List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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## References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If yes, please describe

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# Employment Experience

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

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

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

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

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

# 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 no 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 \_\_\_\_\_  
\_\_\_\_\_

Employed

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

By \_\_\_\_\_ Title \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_