

# Application for Employment

PLEASE PRINT

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number ( ) - Social Security Number - -  
Area Code

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? .....  YES  NO

If yes, work number and best time to call..... ( ) - : am pm  
Area Code Time

If you are under 18, can you furnish a work permit? .....  YES  NO

Have you filed an application here before? .....  YES  NO

If yes, give date..... / /

Have you ever been employed here before? .....  YES  NO

If yes, give dates ..... From / / To / /

Are you legally eligible for employment in this country? .....  YES  NO  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ..... / /

Type of employment desired  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? .....  YES  NO

Will you relocate if job requires it? .....  YES  NO Will you travel if job requires it? .....  YES  NO

Are you able to meet the attendance requirements of the position? .....  YES  NO

Will you work overtime if required? .....  YES  NO

Have you ever been bonded? .....  YES  NO

Have you been convicted of a felony in the last seven (7) years? .....  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: \_\_\_\_\_

Driver's license number (if required by job) ..... State \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ( ) -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone ( ) -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
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		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

**Skills and Qualifications** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

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# Educational Background

A. List last three (3) schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

## 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 school or personal references who are not related to you.

Name	Telephone	Years Known
	(    )    -	
	(    )    -	
	(    )    -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_

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List any additional information you would like us to consider. \_\_\_\_\_

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Voluntary Affirmative Action Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position(s) applied for \_\_\_\_\_

## Referral Source

- Advertisement    Employee    Relative    Walk-in    School    Government Employment Agency  
 Private Employment Agency    Other

Name of Source (if Applicable) \_\_\_\_\_

Applicants Name \_\_\_\_\_ ( ) -  
Last First Middle Area Code Phone

Address \_\_\_\_\_  
Street City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: .....  Male    Female

## Check one of the following Race/Ethnic Group

- Hispanic    Black    White    American Indian/Alaskan Native    Asian/Pacific Islander

## SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VIETNAM ERA VETERAN    DISABLED VETERAN    HANDICAPPED INDIVIDUAL

**To be completed by applicant – Not for interview purposes – To be filed separately from application.  
This information is used to satisfy the Affirmative Action requirements of Section 503 of the  
Rehabilitation Act or necessitated by another federal law or regulation.**