

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Today's Date:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile / Other:

Email:

Date Available to Start:

Social Security Number:

If you are under 18 years of age, can you provide a work permit?

Yes

No

If no, please explain:

Have you ever worked for this company?

Yes

No

If yes, when?

Are you legally allowed to work in the United States?

Yes

No

Answering yes to these questions does not constitute an automatic rejection for employment.

Type of employment desired:

Full-Time

Part-Time

Temporary

Seasonal

Driver's license number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years attended:

Degrees completed:

Other Subjects Studied:

Trade, Business or Correspondence School:

Years attended:

Subjects Studied:

Did you graduate?

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____ Date: _____