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.

Application Data

How you were referred to us: Position Applied for:

Full Name:

Address: City: State: Zip:

Phone: Mobile: Email:

Date Available to Start: SSN: Salary Requirements:

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

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? ☐ YES ☐ NO
If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (If application 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

EMPLOYMENT APPLICATION (2 of 2)

Previous Employment (Begin with most recent position)

Date of Employment: From / / To / / Position(s) Held:

Company Name: City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference ☐ YES ☐ NO

Date of Employment: From / / To / / Position(s) Held:

Company Name: City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference ☐ YES ☐ NO

Date of Employment: From / / To / / Position(s) Held:

Company Name: City: State: Zip:

Phone: Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference ☐ YES ☐ NO

"I certify 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 obtained 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 an 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 periods 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:

This application for employment is sold only for general use throughout the United States. We assume no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this forms' use complies with applicable laws, which change from time to time.