



Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/ or interview process should notify a representative of the Human Resources Department.

Name _____ Date of Application _____

Address _____

Telephone# _____ Cell# _____

E-mail _____

Positions(s) applied for _____ Date Available to Work _____

Best time to call you at home is _____ a.m./ p.m. May we contact you at work? _____

Can you furnish a work permit if under 18? Yes No

If no, please explain _____

Are you legally eligible for employment in this country? _____

Have you ever been employed here before? Yes No

If yes, dates FROM _____ To _____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Are you able to meet the attendance requirements of the position?

Will you work overtime if required? Yes No

If no, please explain why: _____

Are you able to perform the 'essential functions' of the job for which you are applying (with or without reasonable accommodations)? This question is not designed to elicit information about an individual's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Have you ever pleaded 'guilty' or 'no contest' to or been convicted of a crime? Yes No

If yes, please provide date (s) and details: _____

School (Including City & State) & Years Completed _____

GPA _____

Major/Minor _____

Diploma_ Degree _____

Certification _____

Other _____

Employment History

Starting with your most recent employer, provide the following information.

1. Employer

Telephone# _____

Street Address _____

City _____

State _____

Starting Job Title/ Final Job Title _____

Immediate Supervisor/ Job Title _____

Why did you leave? _____

May we contact for a reference? _____

Summarize the type of work performed and job responsibilities.

Date employed From: _____

To: _____

Compensation (Starting)

Hourly _____

Salary _____

\$ Per _____

Compensation (Final)

Hourly _____

Salary _____

\$ Per _____

2. Employer

Telephone# _____

Street Address _____

City _____

State _____

Starting Job Title/ Final Job Title _____

Immediate Supervisor/ Job Title _____

Why did you leave? _____

May we contact for a reference? _____

Summarize the type of work performed and job responsibilities.

Date employed From: _____ To: _____

Compensation (Starting)

Hourly _____ Salary _____ \$ Per _____

Compensation (Final)

Hourly _____ Salary _____ \$ Per _____

References

List names and telephone numbers 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.

1.Name _____ Title _____ Relationship to You _____

Telephone _____ Email _____ Number of Year _____

2.Name _____ Title _____ Relationship to You _____

Telephone _____ Email _____ Number of Year _____

3.Name _____ Title _____ Relationship to You _____

Telephone _____ Email _____ Number of Year _____

Social Security Number _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

*Exclude memberships that would reveal race, color, religion, sex, and national origin, genetic, information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	_____	Office Held	_____
	_____		_____
	_____		_____

Intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or Non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date
