

PLEASE PRINT

# 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.

Date: / /

## APPLICANT DATA:

Position applied for:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
LAST FIRST MIDDLE City: State: Zip:

Phone: ( ) Cell/Beeper/Other Phone: E-Mail Address:

Date available to start: Social Security #:

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If not, 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 pled "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 applicable to position: State:

Who referred you to us? \_\_\_\_\_

## EDUCATION:

High School: Address:

# of Years Completed: Did you graduate?  Yes  No

GPA: Class Rank:

College/University: Address:

# of Years Completed: Did you graduate?  Yes  No Degree:

Major: GPA: Class Rank:

Other: Address:

# of Years Completed: Did you graduate?  Yes  No Degree:

Major: GPA: Class Rank:

## REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: Phone: ( )

Address: City: State: Zip:

Name: Phone: ( )

Address: City: State: Zip:

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT (begin with most recent position):**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_