

# Application for Employment



PLEASE PRINT

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

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

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

Have you ever been employed here before.....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Have you ever been fired or asked to resign from any job?.....  Yes  No

Have you had any periods of unemployment after high school?.....  Yes  No

If so, what dates and what were you doing? \_\_\_\_\_

Date available for work..... \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary

Seasonal  Educational Co-op

Are you able to meet the attendance requirements of the position?.....  Yes  No

Have you ever been convicted of a crime other than minor traffic offenses?.....  Yes  No

If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## **Employment History**

Provide the following information for your past employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work preformed and job responsibilities	
Reason for leaving		Hourly Rate/ Salary	
		Starting \$	Final \$

From	To	Employer	Telephone
Job Title		Address	
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work preformed and job responsibilities	
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		Starting \$	Final \$

## Skills and Qualifications

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Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## Educational Background If job related

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE		COURSE OF STUDY
High School				
College		Major	Degree	
Other				

## References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service. Whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from 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.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_

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

**Disclosure Form**

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving, and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me from the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

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

Social Security Number \_\_\_\_\_ DOB\*\* \_\_\_\_\_

Current Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Prospective Employer \_\_\_\_\_

\*\*Date of Birth is being requested in order to obtain accurate retrieval of records.