



Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Print or Type. Fill out the application form completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted as additional information, but not in place of a completed application. Be sure to sign the application when it is completed.

NAME _____ Social Security Number _____ - _____ - _____
(Last) (First) (Middle)

ADDRESS _____ Phone _____
(Street) (City) (State) (ZIP)
Alt. Phone _____

PERMANENT ADDRESS _____
(Street) (City) (State) (ZIP)

POSITION DESIRED _____ REFERRED BY _____

FULL TIME _____ PART TIME _____ DATE AVAILABLE TO START _____

ARE YOU A US CITIZEN OR HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 IN THE LAST TWO YEARS (Conviction will not necessarily disqualify an application)? _____

If yes, explain _____

IS THERE ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION/POSITIONS FOR WHICH YOU ARE APPLYING? _____

If yes, explain _____

EDUCATION: High School Highest Grade completed _____ Diploma or GED? _____

College, University, or Technical School Attended _____

Number of Years _____ Degree or Certification Awarded _____

MILITARY: Active Duty From _____ To _____

Branch Served _____ Rank _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? _____ If yes, which one(s) _____

LIST ANY OTHER SKILLS, WHICH MAKE YOU BETTER QUALIFIED FOR THIS JOB.

EMPLOYMENT RECORD: Please start with your most recent employer or most recent position.

Employer:	Type of Business:	Start Date:
	Business Phone No.	End Date:
Employer Address:	Starting Position:	Last Position:
	Starting Salary:	Ending Salary:
Supervisors Name:		
Reason for Leaving:		
Duties:		

Employer:	Type of Business:	Start Date:
	Business Phone No.	End Date:
Employer Address:	Starting Position:	Last Position:
	Starting Salary:	Ending Salary:
Supervisors Name:		
Reason for Leaving:		
Duties:		

Employer:	Type of Business:	Start Date:
	Business Phone No.	End Date:
Employer Address:	Starting Position:	Last Position:
	Starting Salary:	Ending Salary:
Supervisors Name:		
Reason for Leaving:		
Duties:		

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____
 DO YOU HAVE ANY PROBLEMS WORKING HOLIDAYS OR WEEKENDS? _____

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools, and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this organization deems necessary, I may be required to work overtime hours or hours outside normally defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

 Applicant's Signature

 Date