



# APPLICATION FOR EMPLOYMENT

This company is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each area.

How were you referred to us: _____	Position applied for: _____	Date: _____
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Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? (Please circle) **Yes** **No**

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

Have you ever worked for this company before? (Please circle) **Yes** **No** If yes, when? \_\_\_\_\_

Are you a citizen of the United States? (Please circle) **Yes** **No**

If not, are you legally allowed to work in the United States? (Please circle) **Yes** **No**

Type of employment desired (Please circle): **Full Time** **Part Time** **Temporary** **Seasonal**

Have you ever pleaded guilty, no contest or been convicted of a crime? (Please circle) **Yes** **No**

If yes, would you be willing to explain: \_\_\_\_\_

\*\*\*Answering yes to these questions does not constitute an automatic rejection for employment\*\*\*

Driver's License Number (if applicable to position applied for): \_\_\_\_\_

## SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

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

## PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT POSITION)

\_\_\_\_\_

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

City: State: Zip:

Phone: Title: Supervisor:

Starting Salary: Ending Salary:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? (Please circle) Yes No

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

City: State: Zip:

Phone: Title: Supervisor:

Starting Salary: Ending Salary:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? (Please circle) Yes No

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

City: State: Zip:

Phone: Title: Supervisor:

Starting Salary: Ending Salary:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? (Please circle) Yes No

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete this form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment is discovered at a later date. I authorize this company to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of this company serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Signature of Applicant: Date: