

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 of Interview (Month/Day/Year) / /	
Applicant Data			Position Applied for:	
How were you referred to us:				
Full Name:				
Address:		City:		State: Zip:
Phone:		Mobile/Pager/Other:		Email:
Date Available to Start:		Social Security Number: XXX-XX-_____ (last 4 digits)		Salary Requirements:
If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Have you previously worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:				
Are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
In the past seven years, have you ever pleaded guilty, no contest or been convicted of a crime involving violence, theft of property or identity or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give dates and details:				
Answering yes to these questions does not constitute an automatic rejection for employment.				
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				

What hours are you available to work (please list times)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Education History

Name & Location of High School:		Did you graduate?
Name & Location of College:		Did you graduate?
Degrees Studied:	Other subjects studied:	
Trade, Business, or Correspondence School:		Did you graduate?
Subjects Studied:		

Character References

Please write the names of three persons, not related to you, who are acquainted with your character, habits, and achievements.

Name	Telephone Number: ()	# Years known:
Name	Telephone Number: ()	# Years known:
Name	Telephone Number: ()	# Years known:

Previous Employment (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held: _____	
Company Name		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held: _____	
Company Name		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates of Employment: From ___/___/___ To ___/___/___		Position(s) Held: _____	
Company Name		Address:	
City:	State:	Zip:	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explain any gaps of employment 3 months or longer that have occurred within the last 7 years.			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal or, if determined before employment begins, falsification shall constitute grounds for immediate rejection of my application. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that if I am hired, my employment is at will and that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I agree that any lawsuit arising out of my employment or the terms and conditions (wages, benefits, termination, etc.) shall be filed no later than six months after the incident that gave rise to the lawsuit and I expressly waive any statute of limitations to the contrary."

Signature of Applicant: _____ Date: _____