

APPLICATION FOR EMPLOYMENT



It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, gender, national origin, disability or other protected classification.

**If you need any assistance in completing this form, please let us know.
(PLEASE PRINT)**

Position Applied For _____ Date of Application _____

PERSONAL INFORMATION

NAME (first, middle, last) _____

ADDRESS (street, city, state, zip) _____

Telephone Number _____

Date of Birth _____

Social Security Number _____

Are you a U.S. citizen or are you authorized by the INS to work in this country YES NO

Are you over 18 years old? _____

Have you ever been convicted of a felony? _____
(Conviction will not necessarily disqualify an applicant from employment)

Who referred you to us? Agency _____ Employee _____ Ad _____ Other _____

Please Specify: _____

	YES	NO	If yes, give date:
Have you ever filed an application with this organization?	_____	_____	_____
Have you ever been employed by this organization before?	_____	_____	_____
Do you have any relatives currently working for this organization?	_____	_____	
Are you currently employed?	_____	_____	
May we contact your present employer?	_____	_____	
Are you willing to work overtime if required?	_____	_____	
Can you travel if the job requires it?	_____	_____	
Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job which you have applied?	_____	_____	

Driver's License Number _____ Class of CDL Designation: _____

On what date would you be available for work? _____

EMPLOYMENT EXPERIENCE

(Start with your present or last job through your last three employers. Please include job related military service assignments and volunteer activities. You may exclude employers which may indicate race, age color, religion, sex, national origin, disability or other protected status.)

1)Employer:

Address

Telephone Number(s)

Job Title Supervisor

Reason for leaving:_____
Work Performed:_____

2)Employer:

Address

Telephone Number(s)

Job Title Supervisor

Reason for leaving:_____
Work Performed:_____

3)Employer:

Address

Telephone Number(s)

Job Title Supervisor

Reason for leaving:_____
Work Performed:_____

4)Employer:

_____ Dates employed: (from)_____ (to)_____

Address

_____ Hourly rate/salary: (starting)_____ (final)_____

Telephone Number(s)

Job Title

Supervisor

_____ Reason for leaving:_____

Work Performed:_____

PERSONAL REFERENCES

NAME

ADDRESS

TELEPHONE NUMBER

1) _____

2) _____

3) _____

4) _____

EDUCATION

<u>EDUCATION</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>YEAR GRADUATED</u>	<u>MAJOR</u>	<u>DIPLOMA/ DEGREE</u>
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High School: _____

College/Univ: _____

College/Univ: _____

Other Training/Education: _____

Describe any specialized training, apprenticeship and skills, including military experience which
May be useful in performing this job.

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize my previous employers and schools to give any information regarding employment or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. In event of my employment with this organization I will comply with all rules and regulations set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE _____ DATE _____

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)