



# Employment Application

Name (Last, First, Middle): \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Permanent Address, if different from present address: \_\_\_\_\_

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

If hired, can you provide proof that you are legally able to work in the United States?  Yes  No

How were you referred to us?  Advertisement  Employee  Employment Agency  Walk-in  Other \_\_\_\_\_

List any relatives or friends employed by the Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Employment

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Check appropriate box for type of employment:  Full-time  Part-time  Temporary

What days and hours are you available for work? \_\_\_\_\_

Are you available for overtime?  Yes  No When are you available to begin work? \_\_\_\_\_

Are you over 18 years of age?  Yes  No If under 18, can you provide a work permit?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

*(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)*

## Skills

Operate Personal Computer?  Yes\*  No

\*Types of Software: \_\_\_\_\_

List other office machines you can operate: \_\_\_\_\_

Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for this position? \_\_\_\_\_

## Education

Type of School	Name and Location of School	No. of Years Completed	Graduated? Yes or No	Degree(s) or Diploma(s)	Major Field(s) of Study
High School or Trade School					
Business or Tech. School					
Jr. College and/or University					
Other Training (Explain)					

## Employment History

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

## Positions Held

1. **Company Name:** \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer?  Yes  No      May we contact this employer?  Yes  No

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Did you leave voluntarily?: \_\_\_\_\_

What is the most important skill you demonstrated on the job?: \_\_\_\_\_

2. **Company Name:** \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer?  Yes  No      May we contact this employer?  Yes  No

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

Did you leave voluntarily?: \_\_\_\_\_

What is the most important skill you demonstrated on the job?: \_\_\_\_\_

3. **Company Name:** \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer?  Yes  No      May we contact this employer?  Yes  No

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Specific Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you leave voluntarily?: \_\_\_\_\_

What is the most important skill you demonstrated on the job?: \_\_\_\_\_

**Licenses/Certificates**

**Answer the following questions if you are applying for a professional, licensed or certified position.**

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Personal References (Please list at least two people, NOT related to you, who have know you for at least five years.)**

**1. Name:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Applicant's Statement (Initial each numbered item as read)**

- \_\_\_ 1. The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
- \_\_\_ 2. I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- \_\_\_ 3. I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- \_\_\_ 4. I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information contained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
- \_\_\_ 5. I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- \_\_\_ 6. I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company. There will be no agreement, express or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of the Company.
- \_\_\_ 7. I have placed my signature in the space provided below only after I have completed the entire form to the best of my ability and have carefully read the foregoing seven (7) statements.
- \_\_\_ 8. I understand that this application will no longer be active and will receive no further consideration once the position for which I am applying has been filled.

Please Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_