

## APPLICATION FOR EMPLOYMENT

**Instructions:** We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, creed, age, religion, sex, sexual orientation, disability, marital status, genetic predisposition or carrier status, domestic violence victim status, genetic information, national origin, U.S. military service or arrest/conviction record.

**PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

ANY OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR UNDER WHICH SCHOOL RECORDS WOULD BE LOCATED

NAMES OF FRIENDS OR RELATIVES EMPLOYED IN THIS ORGANIZATION

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Have you ever been employed with us before?  Yes  No If yes, give dates.

Are you a citizen of the U.S. or do you have a valid work permit?  Yes  No

Can you work overtime, if required?  Yes  No

Can you work consistently and report to work on time?  Yes  No

Have you ever had any training in the military related to the job you're applying for?  Yes  No

If Yes, please describe:

**EMPLOYMENT DESIRED**

Position:

Date Available:

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Can you travel if the job requires it?  Yes  No Are there any travel limitations?  Yes  No  
What are they?

**EDUCATION**

	Name of School	Address	# Years	Degree
Elementary School				
High School				
College				
Trade, Business or Correspondence School				

Professional organizations and/or licenses that may be job related:

**References:** Give name, address and a telephone number of three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** – List below your last five employers beginning with present or most recent.

Month/Year	Name and Address of Employer	Rate of Pay	Position	Reason for Leaving
From:				
To:	Phone #: Supervisor:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:				
To:	Phone #: Supervisor:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:				
To:	Phone #: Supervisor:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:				
To:	Phone #: Supervisor:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:				
To:	Phone #: Supervisor:			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

Signature of Applicant	Date
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