



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) Sought: _____ Wage/Salary Desired: _____

Address: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Are you available to work overtime if necessary? _____ Yes _____ No

Are available to work shift work, weekends, and holidays, if needed? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

Have you ever been employed by our organization previously? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Record of Conviction

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? ___ Yes ___ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employer: _____ **Position held:** _____

Address: _____ **Telephone #:** _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ **Salary:** _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ___ Yes ___ No

If yes, explain: _____

Other Knowledge, Skills and Qualifications

Summarize any job-related training, skills, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

Days and Hours Available:

(If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Professional License or Membership

Type of License Held _____

License Number _____ State _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

References

List 3 Professional references' names, telephone numbers, and years known (do not include relatives or friends):

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references and to conduct a thorough background investigation of my work and personal history. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that I will be required to take and pass a drug and/or alcohol test as a condition of employment.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____