



Application for Employment

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #:(____) _____ E-mail: _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? Yes [] No [].
If no, please explain _____

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes [] No []
(Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years? Yes [] No []
(If no, you may be required to provide authorization to work.)

Have you ever worked under another name? Yes [] No []. If yes, what was it and what was the reason for the change? _____

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? Yes [] No []. If yes, please explain: (A conviction will not necessarily result in the denial of employment.) _____

Have you ever worked for this company before? Yes [] No []
If yes, when? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the company? Yes [] No []. If yes, who and what is their title? _____

Are you available to work: Days [] Nights [] Weekends [] Full time []. If you cannot work full time, please explain: _____

Days and Hours Available

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

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO [] If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO [] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

From (Month/Year)	To (Month/Year)	Reason

EDUCATION

	Name and Location of School	Course of	No. of Years	Diploma or Degree Received
High School				
College				
Vocational/Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From (Month/Day/Year)	To (Month/Day/Year)	Starting pay rate	Final pay rate
Title		Ok to contact previous employer? YES () NO ()	
Describe the work performed: _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From (Month/Day/Year)	To (Month/Day/Year)	Starting pay rate	Final pay rate
Title		Ok to contact previous employer? YES () NO ()	
Describe work performed: _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From (Month/Day/Year)	To (Month/Day/Year)	Starting pay rate	Final pay rate
Title		Ok to contact previous employer? YES () NO ()	
Describe work performed: _____ _____			

Use an additional sheet of paper if more space is necessary

PERSONAL REFERENCES Give three individuals (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is considered at will and is for no definite time and may be terminated at any time without prior notice. I understand that this application does not guarantee employment and no employment contract is being entered into.

Signed: _____

Do not write below this line

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____