



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application process should notify a representative of the Human Resources Department.

Position(s) Applied for: _____ Date of Application: _____

Name: _____ Social Security #: _____
 Last First M.I.

Address: _____
 Street City ST Zip Code

Cell #: _____ Other #: _____ Email Address: _____

Date available to work: _____ Salary Requirement: _____ per _____

Employment status desired: Full time Part time Per Diem Hours available per week: _____

Indicate available hours below

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Holidays
Day								
Night								

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Were you ever employed here before? Yes No If yes, dates: from _____ to _____

Positions/titles held: _____ Reason for Leaving: _____

Are you legally eligible to work in the U.S.? Yes No Do you have a valid driver's license? Yes No

Provide driver's license number (if driving is an essential job function) DL # _____ State _____

How did you hear about this position? _____

Employment History

Provide the following information of your past three (3) employers or volunteer activities starting with the most recent.

From	To	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Supervisor and Title		Summarize the nature of work and job responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving			

From	To	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Supervisor and Title		Summarize the nature of work and job responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving			

Application for Employment, continued

From	To	Employer	Telephone#
Starting Job Title/Final Job Title		Address	
Supervisor and Title		Summarize the nature of work and job responsibilities	
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving			

References

Reference Name	Phone #	Email Address	# of years known

License and Certification Information

List all applicable licenses or certifications that you have and their expiration dates below:

License/Certification	# (if applicable)	Issue Date	Expiration Date

Educational Background

Name and Location	# of Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ___/___/___