

## **Employment Application**

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. Date:

APPLICANT DATA:					sition applied for:		
Full Name:			Date				
Address:	First	Middle City:		State:	Zip:		
Phone:Cel	l/Beeper/Other Phone	e:	E-Mail	Address:			
Date available to start:	Social Secur	ity #:	S	alary Requir	ement:		
If you are under 18 and we require a v	vork permit, can you	furnish one?	□Yes	□No	$\Box$ N/A		
If no, please explain:							
Have you ever worked for this compa	ny? $\Box$ Yes $\Box$ N	o If yes, when?_					
Are you a citizen of the United States	? 🗆 Yes 🗆 No	If no, are you	legally allowed t	o work in the	e United States?	□Yes	□Nc
Type of employment desired: $\Box$ F	ull-time	Part Time	□Temporary	□Se	easonal		
Have you ever pled "guilty," "no con	test," or been convict	ted of a crime?	□Yes	□No			
If yes, give dates and details:							

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position:

0		
- N	ta	te
. ~	<i>i</i> u	w.

Who referred you to us? \_\_\_\_

EDUCATION:					
High School:		А	ddress:		
# Of Years Completed:	Did you graduate?	□Yes	□No		
GPA:		Class R	ank:		
College/University:		Ad	ddress:		
# Of Years Completed:	Did you graduate?	□Yes	□No	Degree:	
Major:	GPA	•	Class R	ank:	
Other:		Ac	ldress:		
# Of Years Completed:	Did you graduate?	□Yes	□No	Degree:	

## **REFERENCES**:

Name:		Phone: ( )	
Address:	City:	State:	Zip code:
Name:		Phone: ( )	
Address:	City:	State:	Zip code:
Major:		Class Rank:	

Please furnish the names, addresses, and telephone numbers of two people whom you are not related and by whom you have not been employed:

## PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From / _ / _ To / _ /	_ Position(s) Held:
Firm:	Address:
Phone: Supervisor:	Title:
Responsibilities:	
Starting Salary and Title:	Ending Salary and Title:
Reason for leaving:	
May we contact this employer for a reference?	
Dates of Employment: From/ To/	_ Position(s) Held:
Firm:	Address:
Phone: Supervisor:	Title:
Responsibilities:	
Starting Salary and Title:	Ending Salary and Title:
Starting Salary and Title: Reason for leaving:	Ending Salary and Title:
	Ending Salary and Title:
Reason for leaving:	Ending Salary and Title:
Reason for leaving:	Ending Salary and Title: Position(s) Held:
Reason for leaving:     May we contact this employer for a reference?     Yes	
Reason for leaving:      May we contact this employer for a reference?      Yes      No	_ Position(s) Held:
Reason for leaving:      May we contact this employer for a reference?      Yes      No      Dates of Employment:      From/      To/      Firm:	_ Position(s) Held: Address
Reason for leaving:     May we contact this employer for a reference?     Yes     No     Dates of Employment:     From/     To/     Firm:     Phone:     Supervisor:	_ Position(s) Held: Address
Reason for leaving:     May we contact this employer for a reference?     Yes     No     Dates of Employment:     From/     To/     Firm:     Phone:     Supervisor:	_ Position(s) Held: Address
Reason for leaving:   May we contact this employer for a reference?   Yes   No   Dates of Employment:   From/   To/   Firm:   Phone:   Supervisor:   Responsibilities:	_ Position(s) Held: Address Title:
Reason for leaving:   May we contact this employer for a reference?   Yes   No   Dates of Employment:   From/   To/   Firm:   Phone:   Supervisor:   Responsibilities:   Starting Salary and Title:	_ Position(s) Held: Address Title:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquires in connection with my application. I certify that I have not been debarred, suspended or excluded from any federal assistance programs. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.