

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:

Position applied for:

Full Name: _____ Date of Birth: _____

Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell/Beeper/Other Phone: _____ E-Mail Address: _____

Date available to start: _____ Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No N/A

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If no, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted 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: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

Of Years Completed: _____ Did you graduate? Yes No

GPA: _____ Class Rank: _____

College/University: _____ Address: _____

Of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

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:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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, including my COVID-19 vaccination status 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. .

Signature of Applicant: _____ Date: _____