



APPLICATION FOR POSITION AS: _____

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) applied for or type of work desired: _____

Address: _____

Telephone #: _____

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
Do you have any objection to working overtime if necessary?	_____ Yes	_____ No
Can you travel if required by this position?	_____ Yes	_____ No
Have you ever been previously employed by our organization?	_____ Yes	_____ No
Can you submit proof of legal employment authorization and identity?	_____ Yes	_____ No
If you are under 18, can you furnish a work permit if it is required?	_____ Yes	_____ No
Have you ever been convicted of a crime?	_____ Yes	_____ No
Have you ever been arrested for a felony?	_____ Yes	_____ No
I have served in the military or am an eligible spouse of a military veteran. ¹	_____ Yes	_____ No

Employment History

Please provide all employment information for your past three 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: _____

¹ "You are an eligible spouse if your spouse (a) was killed in action or died of a service-connected disability; (b) is serving on active duty who is listed as (1) missing in action; (2) captured in the line of duty; (3) forcibly interred in the line of duty for a total of 90 days or more; or (4) has a permanent total service-connected disability."

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: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, 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: _____

References

List 3 references names, telephone numbers, and 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. 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 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.

I understand and agree that my employment can be terminated with or without cause and with or without notice at any time at the option of either me or the company. I understand that no employee of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

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 persons 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: _____