

EMPLOYMENT APPLICATION
 EQUAL OPPORTUNITY EMPLOYER



STAFF USE ONLY	
Company	Position

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____ Where? _____			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____			

INFORMATION REGARDING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT: INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDERED RELATIVE TO THE JOB SOUGHT.

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Business/Vocational		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certificate
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree/Certificate
Please list any additional skills, certifications or training:			

REFERENCES – <i>Please list three professional references.</i>			
Name/Company	Address	Phone	Job Title/Relationship

“Equal Opportunity Employer/Program - Auxiliary aids and services are available upon request to individuals with disabilities.”

PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					

MILITARY SERVICE

Branch			From	To
Rank at Discharge			Type of Discharge	
If other than honorable, explain				

DISCLAIMER AND SIGNATURE

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the employing company may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application. I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge.

Signature	Date
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