

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Office Manager.

Position(s) applied for _____ Date of Application ____/____/____
 Name _____ Social Security # _____
Last First Middle
 Address _____
Street City State Zip Code
 Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-Mail Address _____

If you are under eighteen (18) years of age, can you furnish a work permit? Yes No
 If no, please explain _____
 Have you ever been employed here before? Yes No If yes, give dates and positions _____
 Are you legally eligible for employment in this country? Yes No
 Date available for work ____/____/____ What is your desired salary range? \$ _____
 Type of employment desired Full Time Part Time Temporary PRN Seasonal
 Are you able to meet the attendance requirements of the position? Yes No
 Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
 If yes, please provide date(s) and details _____
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.
 Driver's license number, if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From (Month/Year)	To (Month/Year)	Employer	Telephone # ()
Starting job title/final job title		Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ per	Final \$ per
Reason for leaving			
From (Month/Year)	To (Month/Year)	Employer	Telephone # ()
Starting job title/final job title		Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ per	Final \$ per
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Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ per	Final \$ per
Reason for leaving			

Skills and Qualifications

Microsoft Word
 Microsoft Excel
 Microsoft Office
 Microsoft Power Point
 Internet

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related function in the position for which you are applying.

Education Background (If job related)

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

References

Name	Title	Relationship to Applicant	Telephone	Number of Years Known
			()	
			()	
			()	

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 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 provide 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 and/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 thirty (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 assurance 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 administrator.

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 of America and that federal immigration laws require me to complete an I-9 Form in this regard.

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 1) cancel further consideration of this application, or 2) immediately discharge me from the employer's service, whenever it is discovered.

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 _____