



Application for Employment

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 a representative of the Human Resources Department.

Name _____ Social Security # _____ - _____ - _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # () - _____ Mobile # () - _____ E-mail _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source)

- Walk-In _____
- School _____
- Employee _____
- Job Fair _____
- Advertisement _____
- Staffing Agency _____
- Company's Website _____
- Government Agency _____
- Other Internet _____
- Other _____

If necessary, best time to call you at home is _____:_____AM / PM

May we contact you at work?
 Yes No

If yes, work number and best time to call:
() - _____:_____AM / PM

If you are under 18 and it is required, can you furnish a work permit
 Yes No
If no, please explain:_____

Have you submitted an application here before?
If yes, give date(s) and position(s):_____

Have you ever been employed here before?
If yes, give dates:
From ____/____/____
To: ____/____/____

Are you legally eligible for employment in this country?

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Educational Co-Op	

Will you relocate if the job requires it?
 Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?
 Yes No N/A

Will you work overtime if required?
 Yes No

If no, please explain:_____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No
 Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:
_____ State:_____

Have you ever been bonded?:
 Yes No

Answering "yes" to the following question 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.

Have you ever pleaded "guilty"- or "no contest" to, or been convicted of a crime?

Yes No
If yes, give date(s) and details:_____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?
 Yes No

If yes, give explain:_____

Employment History

Starting with your most recent employer, provide the following information:

Employer _____ Phone () - _____

Street address _____ City _____ State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and Job responsibilities. _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Date Employed	
Month _____ Year _____	Month _____ Year _____
_____ / _____ to _____ / _____	
Compensation Starting	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____
Date Employed	
Month _____ Year _____	Month _____ Year _____
_____ / _____ to _____ / _____	
Compensation (Final)	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____

Employment History (Continued 2)

Starting with your most recent employer, provide the following information:

Employer _____ Phone () - _____

Street address _____ City _____ State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and Job responsibilities.

What did you like most about your position? _____

What were the things you liked least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Date Employed	
Month _____ Year _____	Month _____ Year _____
_____ / _____ to _____ / _____	
Compensation Starting	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____
Date Employed	
Month _____ Year _____	Month _____ Year _____
_____ / _____ to _____ / _____	
Compensation (Final)	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____

Employment History (Continued 3)

Starting with your most recent employer, provide the following information:

Employer _____ Phone () - _____

Street address _____ City _____ State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and Job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Date Employed	
Month _____ Year _____	Month _____ Year _____
to _____/_____ to _____/_____	
Compensation Starting	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____
Date Employed	
Month _____ Year _____	Month _____ Year _____
to _____/_____ to _____/_____	
Compensation (Final)	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____

Employment History (Continued 4)

Starting with your most recent employer, provide the following information:

Employer _____ Phone () - _____

Street address _____ City _____ State _____

Starting job title/final job title _____

Immediate supervisor and title (for most recent position held) _____

May we contact for reference? Yes No Later

Why did you leave? _____

Summarize the type of work performed and Job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Date Employed	
Month _____ Year _____	Month _____ Year _____
to _____/_____ to _____/_____	
Compensation Starting	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____
Date Employed	
Month _____ Year _____	Month _____ Year _____
to _____/_____ to _____/_____	
Compensation (Final)	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____
Commision/Bonus/ Other Compensation	\$ _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | |
|---|--|
| <input type="checkbox"/> Email _____ Years: _____ | <input type="checkbox"/> Internet _____ Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Presentation _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Word Processing _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |
| <input type="checkbox"/> Other Internet _____ Years: _____ | <input type="checkbox"/> Other _____ Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

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