

Application For Employment

PLEASE PRINT

POSITION APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER

NAME OF SOURCE (IF APPLICABLE) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) SOCIAL SECURITY NUMBER
AREA CODE (Last 4 digits only) XXX - XX -

If necessary, best time to call you at home is.....

May we contact you at work?..... YES NO

If yes, work number and best time to call..... (_____)
AREA CODE TIME

If you are under 18, can you furnish a work permit?..... YES NO

Have you filed an application here before?..... YES NO

If yes, give date..... / /

Have you ever been employed here before?..... YES NO

If yes, give dates..... FROM ____ / ____ / ____ TO ____ / ____ / ____

Are you legally eligible for employment in this country?..... YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work / /

Type of employment desired
 Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on a lay-off and subject to recall?..... YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

Will you work overtime if required?..... YES NO

Have you ever been bonded?..... YES NO

Have you been convicted of a felony in the last seven (7) years?..... YES NO

(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number (If required by job)..... State _____

AN EQUAL OPPORTUNITY EMPLOYER

Educational Background

(A) SCHOOL	(B) No. Years Completed	(C) Degree Diploma	(D) GPA Class Rank	(E) Major	(E) Minor

List any additional information you would like us to consider. _____

Vietnam Era Veteran..... YES NO
 If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box..... YES

List your employers, assignments or volunteer activities, for the last (5) years, starting with the most recent.
 Explain any gaps in employment in comments section below.

Employer Telephone ()	<u>Dates Employed</u> From To		Summarize the nature of the work performed and job responsibilities.
Address			
Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$ Per		
Reason For Leaving	Hourly Rate Final		
May we contact for references <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$ Per		

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Reason For Leaving	Hourly Rate Final		
May we contact for references <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$ Per		

Comments: (Including explanation of gaps in employment)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organization for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (60) days. At the conclusion of this time, I if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date / /