



## Application for Employment

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) Sought: \_\_\_\_\_ Wage/Salary Desired: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you available to work overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are available to work shift work, weekends, and holidays, if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by our organization previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number (if driving is an essential job duty): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### Record of Conviction

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

### Employment History

Please provide all employment information for your past four 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:** \_\_\_\_\_

**Dates employed:** from \_\_\_\_\_ to \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

## Employment History continued

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: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

## **Other Knowledge, Skills and Qualifications**

Summarize any job-related training, skills, 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: \_\_\_\_\_

## Days and Hours Available:

(If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

## Professional License or Membership

Type of License Held \_\_\_\_\_

License Number \_\_\_\_\_ State \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

## References

List 3 Professional references' names, telephone numbers, and years known (do not include relatives or friends):

Name	Address	Phone	Years Known
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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 and to conduct a thorough background investigation of my work and personal history. 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 I will be required to take and pass a drug and/or alcohol test as a condition of employment.

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.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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 person's 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: \_\_\_\_\_