



Application for Employment
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 a representative of the Human Resources Department.

Position(s) applied for: _____ Date of application: _____

Name: _____ Social Security #: _____

Address: _____
LAST FIRST MIDDLE
STREET CITY STATE ZIPCODE
 Telephone # () Mobile/Beeper/Other Phone # () E-mail Address

If you are under 18, and it is required, 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 Seasonal

EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM TO	EMPLOYER	TELEPHONE#
STARTING JOB TITLE /FINAL JOB TITLE	ADDRESS	
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		
REASON FOR LEAVING	HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM TO	EMPLOYER	TELEPHONE#
STARTING JOB TITLE /FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		
REASON FOR LEAVING	HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

AN EQUAL OPPORTUNITY EMPLOYER

SKILLS and QUALIFICATIONS

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

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE? COURSE OF STUDY	
COLLEGE		MAJOR	DEGREE
OTHER			

REFERENCES

NAME	TELEPHONE NUMBER OF YEARS KNOWN

AVAILABILITY

DAILY AVAILABILITY	TIME FRAME AVAILABILITY TO WORK	TIME OFF REQUIRED WITHIN THE NEXT 4 MONTHS*
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		How many hours a week are you looking to work?

* Please list any upcoming time off you will require during the next 4 months that will vary from your daily availability stated. Only time listed above **will** be guaranteed off.

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 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.

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 provided 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 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 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 assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in written and signed by the employer's president.

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

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 _____