



EMPLOYMENT APPLICATION

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home phone (____) _____ Mobile (____) _____ E-mail _____

Social Security No. XXX - XX - _____ Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No Date of Birth: _____

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applying For: _____

Employment desired: Full-time Part-time Temporary

Specify days and hours available, if part-time: _____

Date available to start work: _____ Salary Expectations: _____

Have you applied for employment with this Organization within the last 12 months? Yes No

Have you ever worked for us before? Yes No

(Please provide your name of record at that time, job title and dates of employment) _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Technical School				
Professional School				



SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired for employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

EMPLOYMENT HISTORY (Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYMENT HISTORY (con't)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Please list two professional references. (No other than relatives).

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone: (_____) _____ Telephone: (_____) _____

Fax: (_____) _____ Fax: (_____) _____

Email: _____ Email: _____

SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Organization and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Organization has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Organization's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the Board of this organization.
- I understand that, in connection with the routine processing of your employment application, the Organization may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Organization will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.
- Unless otherwise noted above, I authorize this Organization and its representatives to contact my prior employers, former supervisors and Company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Organization any job-related information, personal or otherwise, they may have regarding me and I release this Organization and them from any liability resulting from the release of this information. **I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Organization which will be used to determine if I am qualified to perform the job duties for which I am applying.**
- I understand that all Organization property must be returned and any indebtedness to the Organization must be paid on or before my last day of work. I authorize the Organization to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Signature of Applicant

Date