

# APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: We appreciate your interest in our organization. A clear understanding of your background and work history will help us place you in a mutually beneficial job position. We consider applicants for all positions without regard to race, color, religious creed, age, sex, marital status, ancestry, military service, disability (mental & physical) including HIV and AIDS, medical condition (cancer), denial of Family & Medical Care Leave, or denial of pregnancy Disability Leave.

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ALTERNATE PHONE NUMBER \_\_\_\_\_

ANY OTHER NAME (S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR UNDER WHICH SCHOOL RECORDS WOULD BE LOCATED \_\_\_\_\_

NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION \_\_\_\_\_

Are you under 18 years of age?  Yes  No

If so, can you furnish a work permit?  Yes  No

Have you ever been employed with us before?  Yes  No If yes, give dates. \_\_\_\_\_

Are you a citizen of the U.S., or do you have a valid work permit?  Yes  No

Do you have any restrictions or obligations that would prevent you from working overtime?  Yes  No

Do you have any restrictions or obligations that would prevent you from working consistently or arriving to work on time?  Yes  No

Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant)  Yes  No  
If yes, please list offenses and dates of dispositions. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No  
If yes, please describe: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date available: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work

Can you travel if the job requires it?  Yes  No Are there any restrictions?  Yes  No  
What are they? \_\_\_\_\_

## EDUCATION

Grade/Level	Name of School	Address	# of Years	Degree
High School				
College				
Trade, Business or Correspondence School				

Professional organizations and/or licenses that may be job related: \_\_\_\_\_

Personal References: Give name, address, and a telephone number of the three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE-List below your last five employers, beginning with the most recent.**

Month/Year	Name and address of employer	Rate of pay	Position	Reason for leaving

**Applicant's Statement**

I UNDERSTAND THIS EMPLOYMENT APPLICATION IS NOT TO BE CONSTRUED AS A GUARANTEE OF EMPLOYMENT FOR A SPECIFIC TIME. I FURTHER UNDERSTAND THAT, SHOULD I BECOME EMPLOYED, MY EMPLOYMENT WITH THE ORGANIZATION DOES NOT CONSTITUTE ANY FROM OF CONTRACT, IMPLIED OR EXPRESSED, AND SUCH EMPLOYMENT WILL BE TERMINABLE AT WILL EITHER BY ME OR BY MY EMPLOYER UPON NOTICE OF ONE PARTY TO THE OTHER.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR MISSION OF FACTS CALLED FOR IS A CAUSE FOR DISMISSAL.

Signature of Applicant

Date