



Application for Employment

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position _____

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES NO If yes, please explain:

(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for this Company before? YES NO If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES NO If yes, who and where do they work? _____

Have you ever done any volunteer work? YES NO If yes, describe:



Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME PART TIME If you cannot work full time, please explain: _____

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:							

Are you currently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deals with the position for which you are applying? YES NO If yes, please explain and list offices held:

Account for any 6 month period of time that you were not working during the last 10 years:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

Use an additional sheet of paper if more space is necessary.

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				



Have you completed any special courses, seminars, specialized skills, such as ASL and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college:

EMPLOYMENT Start with your present or most recent position (Please attach additional paper if necessary)

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final



Describe the Work Performed

Use an additional sheet of paper if more space is necessary.

PROFESSIONAL REFERENCES Give three individuals (not relatives)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX (EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.



IMPORTANT, PLEASE READ AND SIGN I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or agencies. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed:

Date
