



# Employment Application

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

**PERSONAL INFORMATION:** Date of Application: \_\_\_\_\_

Name (First Last, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificates? Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**POSITION/AVAILABILITY:**

Position Applied For: \_\_\_\_\_

Days/Hours Available: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_ What date can you start work? \_\_\_\_\_

**EDUCATION:**

Name and Address of School, Course of Study, Degree/Diploma - Graduation Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_



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## EMPLOYMENT HISTORY:

### Present Or Last Position:

Are you employed now? \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Previous Position:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**References:** Name/Title Address Phone: \_\_\_\_\_

\_\_\_\_\_

State any additional information you may feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is TERMINABLE-AT-WILL so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_