

APPLICATION FOR EMPLOYMENT

Please complete each section EVEN IF you decide to attach a résumé.

We are glad you are interested in joining _____'s team. Please read the following statements carefully before you agree and submit this application.

_____ is an **Equal Opportunity Employer**. We do not discriminate against qualified applicants based upon any protected group status, including but not limited to race, color, creed, religion, gender, national origin, ancestry, age, marital status, military or veteran status, sexual orientation, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

_____, in considering your application for employment, **may verify the information set forth on this application and obtain additional information related to your background.** _____ offers reasonable accommodations in the hiring and employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, **you may request accommodation at any time.**

This application will be considered active for 60 days. If you have not been hired within 60 days of submitting this application and you wish to be considered for employment, you must complete a new application.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First, Middle, Last

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANY OTHER NAME? ☐ YES ☐ NO

If so, under what name(s)? _____

ADDRESS: _____
Street Address

City, State, Zip code

HOME PHONE: _____

E-MAIL: _____ **MOBILE PHONE:** _____

DESIRED PAY: \$ _____ ☐ HOUR ☐ SALARY **POSITION DESIRED:** ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

POSITION APPLIED FOR: _____ **DATE AVAILABLE:** _____

DAYS/HOURS AVAILABLE

MONDAY	From _____	To _____
TUESDAY	From _____	To _____
WEDNESDAY	From _____	To _____
THURSDAY	From _____	To _____
FRIDAY	From _____	To _____
SATURDAY	From _____	To _____
SUNDAY	From _____	To _____

Total hours per week desired: _____

Are you available to work:

*Weekends? ☐ YES ☐ NO

*Holidays? ☐ YES ☐ NO

*Nights? ☐ YES ☐ NO

**If required for the position for which you are applying.*

EMPLOYMENT ELIGIBILITY

1. Are you legally able to work in the United States without sponsorship? ☐ YES ☐ NO *If no, please explain:* _____

2. If hired, can you provide documentation to verify your identity and your legal right to work in the U.S. within three business days of starting work? ☐ YES ☐ NO *If no, please explain:* _____

3. Have you ever worked for this employer? ☐ YES ☐ NO *If yes, provide dates:* _____

4. Are you over the age of 18? ☐ YES ☐ NO

5. Can you perform the essential functions of this position either with or without accommodation? ☐ YES ☐ NO

If you have any questions about what the essential functions of this position are, please refer to the job posting or ask the interviewer before you answer this question.

APPLICATION FOR EMPLOYMENT

Please complete each section EVEN IF you decide to attach a résumé.

EDUCATION

Education or training which you believe qualifies you for the position you are seeking.

HIGH SCHOOL: Years Completed 1 ☐ 2 ☐ 3 ☐ 4 ☐ Diploma: YES ☐ NO ☐ G.E.D. YES ☐ NO ☐

School Name: _____ City / State: _____

COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL: Years Completed: 1 ☐ 2 ☐ 3 ☐ 4 ☐

School Name: _____ City / State: _____

Major: _____ Degree: _____

COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL: Years Completed: 1 ☐ 2 ☐ 3 ☐ 4 ☐

School Name: _____ City / State: _____

Major: _____ Degree: _____

POSTGRADUATE EDUCATION: Years Completed: 1 ☐ 2 ☐ 3 ☐ 4 ☐

School Name: _____ City / State: _____

Major: _____ Degree: _____

OTHER TRAINING OR EDUCATION:

School Name: _____ City / State: _____

Major: _____ Degree/Certificate Earned: _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

TYPE OF LICENSE(S) HELD, NUMBER, EXPIRATION DATE: _____

OTHER PROFESSIONAL MEMBERSHIPS _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)

SKILLS

OFFICE EQUIPMENT: _____

SOFTWARE: _____

OTHER EQUIPMENT: _____

SOFTWARE: _____

OTHER SKILLS: _____

APPLICATION FOR EMPLOYMENT

Please complete each section EVEN IF you decide to attach a résumé.

PREVIOUS EMPLOYMENT

List most recent employer first. May we contact your present employer? YES ☐ NO ☐

EMPLOYER 1: _____ PHONE: _____

STREET ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 2: _____ PHONE: _____

STREET ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 3: _____ PHONE: _____

STREET ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

EMPLOYER 4: _____ PHONE: _____

STREET ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

FROM: _____ TO: _____ REASON FOR LEAVING: _____

If you need more room to list all previous employment, you may attach additional sheets of paper.

REFERENCES

Professional, Work-Related References Only. Please Complete All Contact Information.

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

APPLICATION FOR EMPLOYMENT

Please complete each section EVEN IF you decide to attach a résumé.

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO FROM: _____ TO: _____ BRANCH: _____

If yes, please describe any relevant skills acquired while serving in the US military: _____

CRIMINAL HISTORY

Excluding minor traffic offenses, have you ever been convicted of a crime? * ☐ YES ☐ NO If yes, give details, including date(s): _____

****A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.***

If offered the position, would you be willing to allow _____ to do a background check? ☐ YES ☐ NO

If offered the position, would you be willing to take a drug test as a condition of employment? ☐ YES ☐ NO

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that the information contained in this application is true and complete. I attest to the fact that the answers given by me are correct to the best of my knowledge and ability. I certify that I have not knowingly withheld any information that might affect my chances for hiring. I understand that any false information or omission (including any misstatement) on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by _____ can be grounds for my immediate termination from _____.

I authorize _____ to check and verify any and all information listed above, including but not limited to my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand that this application is not a contract, offer or promise of employment and that if hired, I will be an at-will employee. As such, I will be able to resign at any time for any reason. Likewise, _____ can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than _____ has the authority to enter into an employment contract or agreement with me and that my at-will employment can be changed only by a written agreement.

SIGNATURE: _____ DATE: _____

PRINTED NAME _____