Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____ / _____ / _____

Referral Source ❑ Advertisement ❑ Employee ❑ Relative ❑ Government Employment Agency

❑ Walk-in ❑ Private Employment Agency ❑ Other _____

Name of source (if applicable) _____

Name _____ Social Security Number _____

Address _____

Telephone (_____) _____ Mobile/Beeper/Other Phone (_____) _____

If necessary, best time to call you at home is ..... _____ ❑ a.m. ❑ p.m.

May we contact you at work? ..... ❑ Yes ❑ No

If you are under 18 and it is required, can you furnish a work permit? ..... ❑ Yes ❑ No

If no, please explain _____

Have you submitted an application here before? ..... ❑ Yes ❑ No

If yes, give date (s) ..... _____ / _____ / _____, _____ / _____ / _____

Have you ever been employed here before ..... ❑ Yes ❑ No

If yes, give date (s) ..... from _____ / _____ / _____ to _____ / _____ / _____

Date available for work ..... _____ / _____ / _____

Type of employment desired: ❑ Full-Time ❑ Part-Time ❑ Temporary ❑ Seasonal ❑ Educational Co-Op

Have you ever been bonded? ..... ❑ Yes ❑ No

Have you been convicted of a crime in the last seven (7) years? ..... ❑ Yes ❑ No

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER / TELEPHONE	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
	STARTING		
IMMEDIATE SUPERVISOR AND TITLE	$	PER	
REASON FOR LEAVING	HOURLY RATE / SALARY		
	ENDING		
MAY WE CONTACT FOR REFERENCES? ❑ Yes ❑ No ❑ LATER	$	PER	

Employment History (continued)

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE TYPE OF WORK PERFORMED AND RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY RATE / SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	PER	
REASON FOR LEAVING		HOURLY RATE / SALARY ENDING		
MAY WE CONTACT FOR REFERENCES? ❑ Yes ❑ No ❑ LATER		$	PER	

Comments - *Including explanation of any gaps in employment* _____

Skills and Qualifications - *Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.*

Educational Background

A. List last three schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major Field of study. F. Minor field of study.

SCHOOL ATTENDED	YEARS COMPLETED	DEGREE/DIPLOMA	G.P.A.	MAJOR	MINOR

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held.
Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision of action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____ / _____ / _____

Referral Source

- ❑ Walk-In
- ❑ Employee
- ❑ Advertisement - Source _____
- ❑ Government Employment Agency
- ❑ Relative
- ❑ Private Employment Agency
- ❑ School
- ❑ Other _____

Name of person who referred you _____

Applicant Information

Name _____ Telephone (_____) _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

❑ Male ❑ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ❑ White (not of Hispanic origin)
- ❑ American Indian / Alaskan Native
- ❑ Black (not of Hispanic origin)
- ❑ Asian / Pacific Islander
- ❑ Hispanic

For Administrative Use Only

Position(s) applied for: ❑ Available ❑ Not Available

Other positions considered for _____

_____

Hired: ❑ Yes ❑ No

Position hired for _____ Date of hire _____ / _____ / _____

From the EEO job classifications listed below, which one best describes the position filled?

- ❑ Officials and Managers
- ❑ Professionals
- ❑ Technicians
- ❑ Sales Workers
- ❑ Office and Clerical Workers
- ❑ Craft Workers (skilled)
- ❑ Operatives (semi-skilled)
- ❑ Laborers (unskilled)
- ❑ Service Workers

Notes _____

_____

Completed by _____ Date _____ / _____ / _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____