Application for Employment

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for positions without regard to race, color, religious creed (all aspects of religious belief, observances and practices including religious dress and grooming practices), sex (pregnancy, breastfeeding, childbirth, and related medical conditions), national origin, ancestry, sexual orientation, age (over 40), marital status (including registered domestic partner status), gender identity, medical condition (as defined by law), mental disability, physical disability, except where physical fitness is a valid occupational qualification, or other status protected by State or Federal law, genetic information, gender expression, military and veteran status.

PERSONAL INFORMATION
Application Date:

Last Name	First Name	Middle Initial	Telephone Number

Present Address	City	State	Zip	Referred By

Are you less than 18 years of age? ☐ Yes ☐ No   Have you ever used another name? ☐ Yes ☐ No

Upon offer of employment, verification of your legal right to work in the United States will be required

ENTER THE FOLLOWING DRIVER INFORMATION BELOW IF DRIVING IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING

Driver's License Number	State	Expiration Date	Driving Record

EMPLOYMENT DESIRED
Date Available: Salary Desired:

Position Desired or Area of Interest	Have you ever applied to this organization before? ☐ Yes ☐ No	If yes, give date/position applied for

Have you ever been employed to this organization before? ☐ Yes ☐ No	If yes, provide dates of employment:	Name friends or relatives employed by this organization

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Can you work overtime? ☐ Yes ☐ No	Are you currently employed? ☐ Yes ☐ No	If so, may we contact your present employer? ☐ Yes ☐ No

EDUCATION/U.S. MILITARY SERVICE
Please indicate any languages, other than English that you
Speak: Read: Write:

	Name and Location of School	Major	Units Completed and Grade Average	Degree and/or Diplomas
High School				
College				
College				
Other				

Professional Certificates or Licenses Held	Are you presently taking any educational course? ☐ Yes ☐ No	If yes, what and where?

Have you ever served in the U.S. armed services? ☐ Yes ☐ No   If yes, military duties and training

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age.

REFERENCES
Please list three non-relatives who are qualified to evaluate your capabilities

	Name and Address	Telephone	Occupation	Years Known
1				
2				

Application for Employment

3				

EMPLOYMENT HISTORY

Give employment record as completely as possible, listing most recent employment first. Include employed and self-employed periods as well as part-time and summer work.

Company Name and Location	Telephone	Position(s) Held	Dates Employed	Reason for Leaving
Description of Duties		Type of Business		Name of Supervisor
Company Name and Location	Telephone	Position(s) Held	Dates Employed	Reason for Leaving
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Description of Duties		Type of Business		Name of Supervisor

May we contact these employers?
☐ Yes ☐ No

Comments:

ACKNOWLEDGEMENT

Application for Employment

1. I understand that if I am given a conditional offer for employment by this company, I will be required to submit to a pre-employment background screening, which would authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, _____, and release all parties involved from any liability and responsibility for doing so. Additional authorization may include the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation such authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.

2. I understand that if I am being considered for employment by this company, I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by this company) and to authorize the release of the physical examination and test results to this company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.

3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.

4. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with this company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by this organization.

5. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

6. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).

7. I acknowledge that I have read all of the above statements and that I understand them.

   Applicant Signature _____   Date_____