Application for Employment

Please Note: All fields in this application must be completed in order to be considered for employment.

GENERAL INFORMATION

Name:	Area Code & Home Phone Number: ( )	
Current Street Address:		
City:	State:	Zip:

Are you a United States citizen or legally authorized to work in the United States? ☐ Yes ☐ No
(All persons; upon hiring, must verify authorization to be employed in the United States.)

Have you ever been convicted of a felony or misdemeanor? (Do not answer 'yes' if your 'official' conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant from employment.) ☐ Yes ☐ No
If yes, describe fully:

JOB INTEREST

Type of Employment Desired:	☐ Full-time	☐ Part-time	☐ Temporary	☐ Summer	☐ Intern

Preferred Days/Hours:	Salary Expectation (required):
Are you willing to work overtime? ☐ Yes ☐ No	Are you willing to work weekends? ☐ Yes ☐ No
Date available to begin work:	Are you 18 or over? ☐ Yes ☐ No

EDUCATION

Name & Address of School Attended		# of Years Attended	Did you graduate?	List Diploma or Degree
High School			☐ Yes ☐ No ☐ Attending	
If in junior or senior year of high school what are your plans after you graduate?				
College or University			☐ Yes ☐ No ☐ Attending	
If in junior or senior year of college what are your plans after you graduate?				
Other			☐ Yes ☐ No ☐ Attending	

PROFESSIONAL REFERENCES

Please list three persons who know of your qualifications and work abilities (do not include relatives):

Name	Phone Number	Company/Title

SPECIAL SKILLS & QUALIFICATIONS

Please summarize special skills and qualifications:

YOUR EMPLOYMENT HISTORY

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Please list below your Employment History beginning with your most recent employer. Account for all periods of time, **including part-time work, military service or unemployment**.

May we contact your present employer for references? ☐ Yes ☐ No

1. Current Employer

Name & Address:

Salary:	Supervisor:	Phone Number: ( )

Employment Start: *month*	*year*	Employment End: *month*	*year*	Reason for Leaving:

Job Title & Description of Your Duties:

2. Previous Employer

Name & Address:

Salary:	Supervisor:	Phone Number: ( )

Employment Start: *month*	*year*	Employment End: *month*	*year*	Reason for Leaving:

Job Title & Description of Your Duties:

3. Previous Employer

Name & Address:

Salary:	Supervisor:	Phone Number: ( )

Employment Start: *month*	*year*	Employment End: *month*	*year*	Reason for Leaving:

Job Title & Description of Your Duties:

RELEASE AND CONSENT

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. No supervisor, representative, agent or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms.

I hereby authorize all persons, schools, companies, employers, and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. I authorize the Employer to conduct police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer.

I understand and agree to take any pre-employment test, including a drug screening test. All such tests will be administered in compliance with the Americans with Disabilities Act.

I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

I have read, understand and agree with this statement.

Applicant's Signature

Date

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