APPLICATION FOR EMPLOYMENT

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations 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 _____
Last First Middle

Address _____ Social Security_____
Street City State Zip

Phone/Mobil # _____ Drivers License # _____ Email _____

If necessary, best time to call you at home is _____AM _____PM

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call _____ _____AM _____PM

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) and position(s)_____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates From_____ To _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work_____ What is your desired salary range? _____

Type of employment desired (circle one) Full Time, Part Time, Temporary. Seasonal, Educational Co-Op

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime? ☐ Yes ☐ No

If no, explain_____

Have you ever been bonded? ☐ Yes ☐ No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applies for will be taken into account.

If yes, please provide date(s) and details_____

Do you hold a valid CDL license? ☐ Yes ☐ No

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

Employment History

Provide the following information of you 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 # ( )	Date Employed From / To	Summarize the type of work performed and job responsibilities
Address	$ / Per	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	$ / Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? Yes No Later	$ / Per	

Employer / Telephone # ( )	Date Employed From / To	Summarize the type of work performed and job responsibilities
Address	$ / Per	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	$ / Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? Yes No Later	$ / Per	

Employer / Telephone # ( )	Date Employed From / To	Summarize the type of work performed and job responsibilities
Address	$ / Per	
Starting Job Title/Final Job Title	Hourly Rate/Salary Starting	
Immediate Supervisor and Title	$ / Per	
Reason for Leaving	Hourly Rate/Salary Final	
May we contact for reference? 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 (if applicable)

List last (3) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any. Grad Point Average or Class Rank. Major field of Study. Minor field of study (if applicable)

School	Number of Years Completed	Degree Diploma	GPA Class Rank	Major	Minor

REFERENCES

Name	Telephone	Number of Years Known

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSCAL DISABILITIES, VETERAN RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARILY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSCAL DISABILITIES, VETERAN RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARILY PROTECTED STATUS.

List an additional information you would like us to consider.

Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions an to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that 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 applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and 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 any 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 supervisor or representative of the employer is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed b the employer's chairperson.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ **Date** _____

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, citizenship, age, mental or physical disabilities, veteran/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

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

In an effort to comply with requirements regarding government recordkeeping, 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 or 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 decisions. 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 ☐ Government Employment Agency ☐ Private Employment Agency

☐ Employee ☐ Relative ☐ School

☐ Advertisement Source_____ ☐ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ Telephone# _____
Last First Middle

Adress_____
Street City State Zip

☐ Male ☐ Female

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

Circle One

☐ Asian/Pacific Islander ☐ White (not of Hispanic origin) ☐ American Indian/Alaskan Native

☐ Hispanic ☐ Black (not of Hispanic origin)

For Administrative Use Only