

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	
Name	Last	First	Middle	Social Security #	
Address	Street			City	State
				Zip Code	
Telephone		Mobile/Beeper/Other/Phone #		E-mail Address	
Referral Source (How did you hear about us?)					

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

If **no**, please explain _____ Yes No

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

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 Full-Time Part-Time Temporary Seasonal Educational Co-Op

If driving is a required function of the job for which you are applying, provide driver's license number: _____ State _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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

If **yes**, please provide date(s) and details _____

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, intentional infliction of emotional distress, false imprisonment, wrongful death, etc.)? Yes No

If **yes**, please provide nature of the tort and disposition of the matter (how it was resolved).

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held)		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Why did you leave?		Commission/Bonus/Other Compensation \$ _____	

Summarize the type of work performed and job responsibilities.

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____		
Why did you leave?	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	Commission/Bonus/Other Compensation \$ _____		

Employer	Telephone #	Dates employed:	to
Street Address	City	State	
Starting job title/final job title	Compensation (Starting)		
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____		
Why did you leave?	Compensation (Final)		
Summarize the type of work performed and job responsibilities.	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
	Commission/Bonus/Other Compensation \$ _____		

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years	_____	<input type="checkbox"/> E-mail	_____	Years	_____
<input type="checkbox"/> Spreadsheet	_____	Years	_____	<input type="checkbox"/> Internet	_____	Years	_____
<input type="checkbox"/> Presentation	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		

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	Title	Relationship to You	Telephone	Number of Years Known

Applicant Statement

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

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 and 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any 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 for me to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

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

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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

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

Signature of Applicant _____

Date _____