

# 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)  |             | Commission/Bonus/Other Compensation \$ _____                    |              |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |             | Compensation (Final)  |              |
| Why did you leave?  |             | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary | \$ _____ per |
| Summarize the type of work performed and job responsibilities.  |             | 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 \$ _____ |  |

|   |             |  |  |
|---|-------------|--|--|
| 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<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certificate<br><input type="checkbox"/> Other |                |             |
|                               |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certificate<br><input type="checkbox"/> Other |                |             |
|                               |                 | <input type="checkbox"/> Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Certificate<br><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 \_\_\_\_\_

Print this form and sign it before bringing it into our office