

APPLICATION FOR EMPLOYMENT *Please Print*



Equal access to programs, services & 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 Initial	
Social Security #:					
Address: Street		City		State	Zip Code
Phone #:		Cell/Other Phone #:		Email:	
If you are under 18 and it is required, can you furnish a work permit?					Yes / No / 18 or Older
If No, please explain:					
Have you ever been employed here before?					Yes / No
If Yes, give dates & positions:					
Are you legally eligible for employment in this country?					Yes / No
Date available for work:			What is your desired wage/salary range?		
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op					
Are you able to meet the attendance requirements of the position?					Yes / No
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:					
<small>Answering "Yes" to these questions does not constitute an automatic bar from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</small>					
Driver's License # (if driving is an essential function of the job):					

EMPLOYMENT HISTORY Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

From (MO/YR):		To (MO/YR):		Employer:		Phone #:	
Starting Job Title:		Final Job Title:		Address:			
Immediate Supervisor & Title:				Summary of Work Performed & Job Responsibilities:			
May we contact for reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Starting Wage/Salary:	
						Final Wage/Salary:	
						Per	
Reason for Leaving?							

From (MO/YR):		To (MO/YR):		Employer:		Phone #:	
Starting Job Title:		Final Job Title:		Address:			
Immediate Supervisor & Title:				Summary of Work Performed & Job Responsibilities:			
May we contact for reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Starting Wage/Salary:	
						Final Wage/Salary:	
						Per	
Reason for Leaving?							

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Starting Job Title:		Final Job Title:		Address:			
Immediate Supervisor & Title:				Summary of Work Performed & Job Responsibilities:			
May we contact for reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Starting Wage/Salary:	
						Final Wage/Salary:	
						Per	
Reason for Leaving?							

AVAILABILITY Provide the hours you are available to work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



SKILLS & QUALIFICATIONS

Summarize any 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

Name & Location	Number of Years Completed	Did you Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

REFERENCES

Name	Phone #	Number of Years Known

APPLICANT STATEMENT

I certify that all information I have provided to apply for and secure work with the employer is true, complete 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 and to otherwise verify the accuracy of all information provided by me in this application, resume or subsequent 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 with regards to employment decisions, and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment as prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. After 30 days have passed, 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 my 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 definitive duration. I understand that no supervisor or representative of the employer is authorized to make any assurances 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 by the employer's president.

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 APPLICANT STATEMENT!

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

Signature of Applicant:
Date: