



APPLICATION FOR EMPLOYMENT

Equal Access to programs, services and employment is available to all persons. Those applicants requiring accommodations to complete the application and/or interview process should contact a representative for the Personnel Department

PLEASE PRINT

Position(s) applied for _____ Date _____
 Referral Source: Advertisement Employee Relative Walk-in Employment Agency Other

NAME: _____
 (last) (first) (middle initial)

ADDRESS: _____
 (street) (city) (state) (zip code)

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

Have you ever worked under another name? Yes No If yes, give name _____
 Are you over the age of 18? Yes No If no, can you produce a work permit? Yes No
 Have you ever applied here before? Yes No If yes, give dates _____
 Have you worked here before? Yes No If yes, give dates _____
 Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment)
 Days available: Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Any ___ Hours available: ___ A.M. ___ P.M. ___ Nights ___ Any

Date available for work _____
 Type of employment desired Full-Time Part-Time Year-Round Seasonal Temporary

Have you been convicted of a felony or a misdemeanor in the last seven years? Yes No
 (Such conviction may be relevant if job related, but does not bar you from employment)
 If yes, please explain in detail _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

| | | | |
|--------------------------------|----|---|-----------|
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor and Title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | Hourly Rate/Salary \$ _____ Per _____ Final \$ _____ per _____ | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor and Title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | Hourly Rate/Salary \$ _____ Per _____ Final \$ _____ per _____ | |
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| Job Title | | Address | |
| Immediate Supervisor and Title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | Hourly Rate/Salary \$ _____ Per _____ Final \$ _____ per _____ | |

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions

Education (if job-related)

| Name and Location | Years Completed | Did You Graduate? | | Course of Study |
|-------------------|-----------------|-------------------|--------|-----------------|
| High School | | ___ Yes ___ No | | |
| College | | Major | Degree | |
| Other | | | | |

Personal References (Do not include relatives and/or past employers)

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | | |
| | | |
| | | |

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 365 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____

For Human Resource Department Use Only

Arrange Interview ___ Yes ___ No Interview Date _____ Interviewer _____

Remarks _____

Employed ___ Yes ___ No

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title _____ Date _____

Note: (Please check two or more of the following)

Employee Status: ___ Year Round ___ Seasonal ___ Full Time ___ Part Time