

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. Rev. 05/2014 Page 1 of 4

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Telephone / Other
	City / State / Zip				E-mail Address
	Position Desired				Provide a Valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you authorized to work in the US on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, verification will be required.				Starting Pay Desired \$
	Are you EMPLOYED Now: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18 years of age? : <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work Overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				When will you be available to begin work?
	Are you able to perform the essential functions of the position with or without accommodations?				

EDUCATION	School	Name & Location of School	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma?
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Undergraduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

1	Company Name	Telephone ( )
	Address	Employed – (MM/YYYY) From: To:
	Supervisor Name & Contact Information	Weekly Pay Start: \$ Last: \$
	Job Title & Description of Work	Reason for leaving:

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## EMPLOYMENT HISTORY

<b>2</b>	Company Name	Telephone (     )
	Address	Employed – (MM/YYYY) From:                      To:
	Supervisor Name & Contact Information	Weekly pay Start: \$                      Last: \$
	Job Title & Description of Work	Reason for leaving:

<b>3</b>	Company Name	Telephone (     )
	Address	Employed – (MM/YYYY) From:                      To:
	Supervisor Name & Contact Information	Weekly pay Start \$                      Last: \$
	Job Title & Description of Work	Reason for leaving:

<b>4</b>	Company Name	Telephone (     )
	Address	Employed – (MM/YYYY) From:                      To:
	Supervisor Name & Contact Information	Weekly pay Start: \$                      Last: \$
	Job Title & Description of Work	Reason for leaving:

We may contact your previous Employers unless otherwise indicated on this application.	<b><i>DO NOT CONTACT</i></b>
	Employer Number(s): _____ Reason: _____ _____

<b>MILITARY</b>	Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", in what Branch?
Describe any training received relevant to the position for which you are applying.		

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## ANSWER ALL QUESTIONS IN THIS SECTION WHERE THE BOX IS CHECKED.

If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types as discrimination based upon ancestry, marital status and sexual preference.

<input checked="" type="checkbox"/>	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	National ID (SS#) (Optional)	Are you a Vietnam Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	What was your previous Address?	How long at present address?	
		How long at previous address?	

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, provide details.** Answers do not automatically bar you from employment. However, your failure to answer any of these questions or provide details will delay determining your qualifications and may bar you from consideration for employment opportunities.

<input checked="" type="checkbox"/>	<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "YES," please provide details of event:</p> <p>Have you been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "YES," please provide details of event:</p> <p>Have you ever been discharged or dismissed for reasons other than lack of work or funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is additional information relative to change of name, use of an assumed name or nickname necessary to verify your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any criminal charges currently pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever resigned from employment rather than face dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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### Qualifying Results

#### IF APPLICABLE, with written consent.

Drivers License – License #, DOB	Request Date	Approval Date	Analysis/Comments
Credit Report / SS#, DOB			

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The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature*

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Please list two personal references who are not relatives or former supervisors.

Name/Address/Phone/Years Known/Occupation

Name/Address/Phone/Years Known/Occupation

## **\*\* Interview Results \*\***

Interviewer Name: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Interviewer Comments: \_\_\_\_\_  
Print Name

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Interviewer Signature: \_\_\_\_\_