



Employment Application

Applicant Information

(Please Print)

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Address:		
	<i>Street Address</i>	<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone:		Email	
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Currently Employed:		Date Available:		Desired Salary:	
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Position Applied for:			
Are you able to perform the essential functions of the position applied for? If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer the question)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Do you have any relatives or friends who work for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who and where do they work?	

Are you at least 21 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Education

High School:		Address:	
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Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:	
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College:		Address:	
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Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
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Military Service					
Branch:				From:	To:

Rank at Discharge:	
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Special Skills/Training	
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References				
Full Name:		Relationship:		Years Known:
Company:		Phone:		
Full Name:		Relationship:		Years Known:
Company:		Phone:		
Full Name:		Relationship:		Years Known:
Company:		Phone:		

Previous Employment					
Company:			Phone:		
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:			Phone:		
Address:			Supervisor:		
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company:				Phone:	
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYEMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY STATUS, PROTECTED VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW."

Signature: _____ Date: _____

FOR OFFICE USE ONLY

NEATNESS _____

BACKGROUND CHECK ACQUIRED _____

HIRED _____ DEPT. _____