

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personal Department.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-In  Private Employment Agency  Website  Other \_\_\_\_\_

Name of Source: (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - -

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_  AM  PM

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_  AM  PM

If you are under, 18 can you furnish a work permit? \_\_\_\_\_  Yes  No

Have you filled out an application here before? \_\_\_\_\_  Yes  No

If yes give date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you on lay-off and subject to recall? \_\_\_\_\_  Yes  No

Will you relocate if job requires it? \_\_\_\_\_  Yes  No Will you travel if job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

Have you ever been bonded? \_\_\_\_\_  Yes  No

Have you ever been convicted of a felony in the last seven (7) years? \_\_\_\_\_  Yes  No

(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain \_\_\_\_\_

Drivers license number (if job related) \_\_\_\_\_ State \_\_\_\_\_

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments selections below.

|   |                       |                    |     |   |
|---|-----------------------|--------------------|-----|---|
| Employer  | Telephone<br>(      ) | Dates Employed     |     | Summarize the nature of the work performance and job responsibilities |
|   |                       | From               | To  |   |
| Address   |                       |                    |     |   |
| Job Title   |                       | Hourly Rate/Salary |     |   |
|   |                       | Starting           |     |   |
| Immediate Supervisor and Title  |                       | \$                 | Per |   |
| Reason for leaving  |                       | Hourly Rate/Salary |     |   |
|   |                       | Final              |     |   |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |                       | \$                 | Per |   |
| Employer  | Telephone<br>(      ) | Dates Employed     |     | Summarize the nature of the work performance and job responsibilities |
|   |                       | From               | To  |   |
| Address   |                       |                    |     |   |
| Job Title   |                       | Hourly Rate/Salary |     |   |
|   |                       | Starting           |     |   |
| Immediate Supervisor and Title  |                       | \$                 | Per |   |
| Reason for leaving  |                       | Hourly Rate/Salary |     |   |
|   |                       | Final              |     |   |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |                       | \$                 | Per |   |
| Employer  | Telephone<br>(      ) | Dates Employed     |     | Summarize the nature of the work performance and job responsibilities |
|   |                       | From               | To  |   |
| Address   |                       |                    |     |   |
| Job Title   |                       | Hourly Rate/Salary |     |   |
|   |                       | Starting           |     |   |
| Immediate Supervisor and Title  |                       | \$                 | Per |   |
| Reason for leaving  |                       | Hourly Rate/Salary |     |   |
|   |                       | Final              |     |   |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |                       | \$                 | Per |   |
| Employer  | Telephone<br>(      ) | Dates Employed     |     | Summarize the nature of the work performance and job responsibilities |
|   |                       | From               | To  |   |
| Address   |                       |                    |     |   |
| Job Title   |                       | Hourly Rate/Salary |     |   |
|   |                       | Starting           |     |   |
| Immediate Supervisor and Title  |                       | \$                 | Per |   |
| Reason for leaving  |                       | Hourly Rate/Salary |     |   |
|   |                       | Final              |     |   |
| May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |                       | \$                 | Per |   |

Comments (including explanation of any gaps in employment)

**Skills and Qualifications** - Summarize any special skills, licenses, certificates and /or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying. \_\_\_\_\_

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# Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

| A. School | B. Years Completed | C. Degree Diploma | D. GPA Class Rank | E. Major | E. Minor |
|-----------|--------------------|-------------------|-------------------|----------|----------|
|           |                    |                   |                   |          |          |
|           |                    |                   |                   |          |          |
|           |                    |                   |                   |          |          |

List any foreign language(s) you know and check the boxes that describe your skill level.

| Language | Speak Some | Speak Fluently | Read | Write |
|----------|------------|----------------|------|-------|
|          |            |                |      |       |
|          |            |                |      |       |
|          |            |                |      |       |
|          |            |                |      |       |

## References

List names and telephone numbers 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 | Telephone             | Years Known |
|------|-----------------------|-------------|
|      | Area Code<br>(      ) |             |
|      | Area Code<br>(      ) |             |
|      | Area Code<br>(      ) |             |

List professional, trade, business or civic associations and any offices held (Excluding memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
|              |              |
|              |              |
|              |              |

List special accomplishments, publications, awards (excluding information which reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_

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List any additional information you would like us to consider. \_\_\_\_\_

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 only 60 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 cause and 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 this 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 \_\_\_\_/\_\_\_\_/\_\_\_\_