

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Proof of citizenship or immigration status will be required upon employment.

(PLEASE TYPE OR PRINT)

Position Applied For

Date of Application

Last Name

First Name

Middle Name or Initial

Is there any other information regarding your name that will be needed to check work or school records? ☐ Yes ☐ No

Address

Number Street

City

State

Zip Code

Telephone Number(s) [indicate home or work]

Social Security Number

Date Available: _____ Are you available: ☐ Full Time ☐ Part Time ☐ Weekends

Are you 18 years of age or older? ☐ Yes ☐ No

Have you been convicted of a felony within the past 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, attach explanation.

Can you produce documents proving you are authorized to work in the United States? ☐ Yes ☐ No

Education

	High School	Undergraduate	Graduate
School Name & Location			
Years Completed	1 2 3 4	1 2 3 4	1 2 3 4
Diploma / Degree			
Course of Study			

State any additional information you feel may be helpful to us in considering your application (such as any specialized training; skills; apprenticeships; honors received; professional, trade, business or civic organizations or activities; job-related military training or experience; foreign language abilities; etc.)

Employment Experience

Start with your present or last job. Include any job-related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1.	Employer Name & Address	Dates Employed	Job Title/Duties
		Hourly Rate/Salary	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Per Week	
	Employer Phone		
	Supervisor		
Reason for Leaving			
2.	Employer Name & Address	Dates Employed	Job Title/Duties
		Hourly Rate/Salary	
	Employer Phone	Hours Per Week	
	Supervisor		
	Reason for Leaving		
3.	Employer Name & Address	Dates Employed	Job Title/Duties
		Hourly Rate/Salary	
	Employer Phone	Hours Per Week	
	Supervisor		
	Reason for Leaving		

References: Name Occupation Address Phone # Relationship Years known

1. _____
2. _____
3. _____

If you need additional space, continue on a separate sheet of paper.

Applicant's Statement

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, and understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will," which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date