

# Application For Employment

INSTRUCTIONS: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, religion, age, sex, disability, national origin, genetic information, U.S. military service or any other state protected group.

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_\_

How did you learn about us?

Advertisement

Employment Agency

Walk-in

Other \_\_\_\_\_

Complete name (last) \_\_\_\_\_

(first) \_\_\_\_\_

(middle) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Any other name(s) under which you have been previously employed or under which school records would be located \_\_\_\_\_

Names of friends and relatives employed in this organization \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Are you a citizen of the U.S. or do you have a valid work permit?

(Proof of citizenship or immigration status will be required upon employment)

Yes

No

Can you work overtime, if required?

Yes

No

Can you work consistently and arrive to work on time?

Yes

No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time

Part Time

Shift Work

Temporary

Can you travel if the job requires it?

Yes

No

If yes, are there limitations? Explain. \_\_\_\_\_

Have you been convicted of a crime? (Conviction will not necessarily disqualify an applicant from employment.)

Yes

No

If Yes, please list dates of offenses and dispositions. \_\_\_\_\_

Have you ever received any training in the United States military related to the job for which you are applying?

Yes

No

If Yes, please describe: \_\_\_\_\_

**Employment Experience** – Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude voluntary work that indicates race, color, religion, gender, national origin, handicap or other protected status. **Please account for all time for at least the past five years.**

Employer	<b><u>Dates Employed</u></b>	<b><u>Work Performed</u></b>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<b><u>Hourly Rate/Salary</u></b>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b><u>Dates Employed</u></b>	<b><u>Work Performed</u></b>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<b><u>Hourly Rate/Salary</u></b>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b><u>Dates Employed</u></b>	<b><u>Work Performed</u></b>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<b><u>Hourly Rate/Salary</u></b>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b><u>Dates Employed</u></b>	<b><u>Work Performed</u></b>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<b><u>Hourly Rate/Salary</u></b>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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**Education**

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location				
Years Completed	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				

**Additional Information** – Please complete the items below that are relevant to your ability to perform the position for which you are applying.

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have achieved	
State any additional information you feel may be helpful to us in considering your application	

**Extracurricular Activities** – List professional, trade, business or civic activities and offices or licenses held if relevant to the position for which you are applying. You may exclude memberships that would reveal sex, race, religion, age, ancestry, handicap or other protected status.

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**References** – Give name, address and telephone number of three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

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