

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date			
Last name	First na	me	Middle name
Street Address			
City	State	ZIP	DOB:
Telephone			
Position applied for			
Have you been told the essential ☐ Yes ☐ No	functions of the	job or have yo	ou been given the job description?
Can you perform these essential ☐ Yes ☐ No	functions with or	without reason	onable accommodation?
How did you hear of this opening	g?		
Have you worked for us before?	☐ Yes ☐ No	If yes, when	?
Please list any relatives working	for us:		
Are you a U.S. citizen or otherw may be required to provide docu			S. on an unrestricted basis? (You
Are you looking for full-time em	nployment? 🗖 Ye	es 🗆 No	
If no, what hours are you availab	ole?		
Have you ever been convicted of	f a crime, excludi	ng misdemea	nors and summary offenses?
☐ Yes ☐ No			
If yes, please describe conditions	S		



APPLICATION FOR EMPLOYMENT (continued)

Education School Name and Location Year Major Degree College Post-College _____ Other Training _____ In addition to your work history, are there other skills, qualifications, or experience that we should consider? **Employment History** (Start with most recent employer) Company Name _____ Address _____ Telephone ____ Date Started _____ Starting Wage _____ Starting Position ____ Date Ended _____ Ending Wage ____ Ending Position ____ Name of Supervisor _____ May we contact? \square Yes \square No Responsibilities Reason for leaving _____



APPLICATION FOR EMPLOYMENT (continued)

Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor _		
May we contact? \Box	Yes 🗖 No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor _		
May we contact? \square	Yes 🗖 No	
Responsibilities		
Reason for leaving		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor _		
May we contact? \square	Yes 🗖 No	
Responsibilities		



Reason for leaving		
Reason for leaving	D f 1	
	Reason for leaving	

APPLICATION FOR EMPLOYMENT (continued)

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature	Date	