

EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please let us know if you require reasonable accommodation for the application process or interview.	How were you referred to us:
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Full Name: _____

Address: _____ **City:** _____

State: _____ **Zip code:** _____

Phone Number: _____ **Email address:** _____

Salary requirements: _____ **Date available to start:** _____

Type of employment desired (please circle): Full Time Part Time Seasonal

Are you legally allowed to work in the United States? (Please circle): Yes No

Have you worked for this company before? (Please circle): Yes No

Driver's license number (if applicable to position) _____ **State:** _____

Have you ever plead guilty, or been convicted of a crime? (Please circle): Yes No

If yes, please provide dates and details (answering yes to the question above does not constitute an automatic rejection. Date, seriousness and nature of offense and position applied for will be considered.)

Education

	School name	Degree	Address/city/state
High School			
College			
Other			

Please summarize any skills or qualification relevant to the position

Previous Employment (start with most recent)

Job Title: _____ **Company Name:** _____

City: _____ **State:** _____ **Zip code:** _____

Start date: _____ **Ending date:** _____ **Ending Pay:** _____

Supervisor Name: _____ **Phone number:** _____

Duties: _____

Reason for leaving: _____

Can we contact this employer: **Yes** **No**

Job Title: _____ **Company Name:** _____

City: _____ **State:** _____ **Zip code:** _____

Start date: _____ **Ending date:** _____ **Ending Pay:** _____

Supervisor Name: _____ **Phone number:** _____

Duties: _____

Reason for leaving: _____

Can we contact this employer: **Yes** **No**

Job Title: _____ **Company Name:** _____

City: _____ **State:** _____ **Zip code:** _____

Start date: _____ **Ending date:** _____ **Ending Pay:** _____

Supervisor Name: _____ **Phone number:** _____

Duties: _____

Reason for leaving: _____

Can we contact this employer: **Yes** **No**

I certify that the facts in this application are true and complete. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice.

Signature of Applicant: _____ **Date:** _____

Please fill in days of the week and times of the week you are UNABLE to work.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Please List any time off you will need in the following months:

October:

November:

December: