

# APPLICATION FOR EMPLOYMENT

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Application

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Available for Hire

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Social Security Number

Resume Attached? ☐ Yes or ☐ No

## About You

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

### Alias or Past Names: (Please include maiden name, if applicable.)

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

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

## Current Residence

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
State ZIP Code

Is it okay to call you at work? ☐ Yes ☐ No

## Past Residence(s)

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Start Date End Date

\_\_\_\_\_  
Address/City/State/ZIP Code

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Start Date End Date

\_\_\_\_\_  
Address/City/State/ZIP Code

## Are You:

	Yes	No
Over 18 Years Old?	<input type="radio"/>	<input type="radio"/>
A previous applicant?	<input type="radio"/>	<input type="radio"/>
A previous employee?	<input type="radio"/>	<input type="radio"/>
Legally able to work in the U.S.?	<input type="radio"/>	<input type="radio"/>
Able to make it to work using a reliable means of transportation?	<input type="radio"/>	<input type="radio"/>

## How Did You Find Us?

<input type="radio"/> Advertisement	Name of Publication _____
<input type="radio"/> Referral from Employee	Employee Name _____
<input type="radio"/> Employment Agency	Employment Agency _____
<input type="radio"/> Other	_____

## Your Work Experience

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Present/Last Employer Type of Organization Start Date End Date

\_\_\_\_\_  
Address Phone Salary  
\_\_\_\_\_  
May We Contact? ☐ Yes ☐ No

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Past Employer Type of Organization Start Date End Date

\_\_\_\_\_  
Address Phone Salary  
\_\_\_\_\_  
May We Contact? ☐ Yes ☐ No

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Past Employer Type of Organization Start Date End Date

\_\_\_\_\_  
Address Phone Salary  
\_\_\_\_\_  
May We Contact? ☐ Yes ☐ No

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Past Employer Type of Organization Start Date End Date

\_\_\_\_\_  
Address Phone Salary  
\_\_\_\_\_  
May We Contact? ☐ Yes ☐ No

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Past Employer Type of Organization Start Date End Date

\_\_\_\_\_  
Address Phone Salary  
\_\_\_\_\_  
May We Contact? ☐ Yes ☐ No

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Reason for Leaving

## Professional Information (if applicable)

License Description \_\_\_\_\_ License Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration \_\_\_\_\_

Registry or Certification \_\_\_\_\_ Registration No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration \_\_\_\_\_

Other \_\_\_\_\_

## **Your Education & Training**

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/Trade School				
Business or Tech School				
Colleges				
Sexual Harassment Training				
Other Training (Explain)				

## **Academic or Other Awards or Achievements**

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position\*)

Date____/____/____/	Description _____
Date____/____/____/	Description _____
Date____/____/____/	Description _____
Date____/____/____/	Description _____

## **Additional Qualifications**

(Special technical computer or individual skills that would qualify you for the position\*)

Description _____
Description _____
Description _____
Description _____

## **U.S. Military Service**

Branch_____	Rank at Discharge_____	Dates of Service____/____/____to____/____/____
Duties_____		Honorable Discharge? <input type="radio"/> Yes <input type="radio"/> No

\* Exclude those that would indicate race, color, religion, national origin, disability or age.

## Please Read Carefully

**If you have any questions regarding the application, this statement or have need of special assistance in regard to applying for this position, please see the person of this organization who is assisting you with this application.**

This organization does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, this Organization reserves the right to terminate your employment at any time and for any reason.

Moreover, you understand that no person of this Organization with the exception of an authorized employee of the Human Resources Department has any authority to enter into any agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes any statements or guarantees made prior to your application or after you are employed.

When processing this application, Organization may request a criminal, police or credit background check about you. In addition to background checks, this Organization may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to your general character, reputation and work-related characteristics. You have the right to make a written request to the Human Resources Department of this Organization to disclose to you the content of these reports.

Also note that should you become employed by this Organization, this Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

By signing your name, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that any misrepresentations or omissions by you may be the cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Internal Office Use

#### References

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

**Criminal Background Check Performed?** ☐ Yes or ☐ No

Date Performed \_\_\_\_\_ Type of Check \_\_\_\_\_

**Eligible for Hire?** ☐ Yes or ☐ No

Position Title \_\_\_\_\_ Location \_\_\_\_\_

Starting Date \_\_\_\_\_

Hiring Rate \_\_\_\_\_ Level \_\_\_\_\_ Step: \_\_\_\_\_