

# Employment Application Form



Applicants are considered for employment without regard to race, color, religion, sex, national origin, genetics, ethnicity, age, marital status, veteran status, medical condition, or disability.

<b>Personal Information</b>	<b>A</b>	<b>1</b>	Name: Last		First		Middle		
	<b>2</b>	Address: Street							
	<b>3</b>	City			State		Zip Code		
	<b>4</b>	Phone No: ( )							
	<b>5</b>	Have you applied for employment or been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):							
<b>Employment Interest</b>	<b>B</b>	<b>1</b>	What Position Are You Seeking?				<b>2</b>	Date Available For Work:	
	<b>3</b>	Minimum Salary Requirement:				<b>4</b>	Will you perform Shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	<b>5</b>	Can you travel if job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>							
	<b>6</b>	Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>Educational Record</b>	<b>C</b>		<b>EDUCATION</b>	<b>HIGH SCHOOL</b>	<b>COLLEGE</b>	<b>TRADE SCHOOL</b>	<b>CERTIFICATIONS</b>		
	<b>1</b>	NAME & LOCATION OF SCHOOL							
	<b>2</b>	YEARS COMPLETED (CHECK)		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"/>				
	<b>3</b>	DIPLOMA/DEGREE YEAR RECEIVED							
	<b>4</b>	MAJOR FIELD OF STUDY							
	<b>5</b>	Area(s) of Specialized Training:							
	<b>6</b>	Honors Received:							
	<b>7</b>	Special Skill(s) or Certificate(s) Received:							

AN EQUAL OPPORTUNITY EMPLOYER

<b>D</b>	<b>PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences.</b>				
	<b>If additional space is needed, use an extra sheet of paper.</b>				
	<b>1</b>	Employer:	Duties:	Dates Employed: FROM   TO	
		Address:			
		Job Title:	Supervisor:	Hourly Rates: Starting   Final	
		Reason for leaving or wanting to leave:			
	<b>2</b>	Employer:	Duties:	Dates Employed: FROM   TO	
		Address:			
		Job Title:	Supervisor:	Hourly Rates: Starting   Final	
		Reason for leaving:			
	<b>3</b>	Employer:	Duties:	Dates Employed: FROM   TO	
		Address:			
		Job Title:	Supervisor:	Hourly Rates: Starting   Final	
		Reason for leaving:			
	<b>4</b>	Employer:	Duties:	Dates Employed: FROM   TO	
Address:					
Job Title:		Supervisor:	Hourly Rates: Starting   Final		
Reason for leaving:					
<b>5</b>	May we call your present employer now? If not, when may we call?				
	Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: (    )				
<b>E</b>	<b>1</b>	If a License or Certificate is needed to perform the work in the position applied for, please complete the following:			
		Driver's License Number:	Name of Trade or Profession License Number:		
	<b>2</b>	List any skills and abilities that you possess that will be helpful in doing the job applied for:			
<b>Special Considerations</b>					

<b>F</b> References	<b>1</b>	Give the name of two references, do not include relatives:			
		NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
					( )
					( )
<b>G</b> Activities	<b>1</b>	List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, ethnicity, or national origin:			
<b>H</b>	<b>1</b>	Branch of U.S. Military Service from (month/year) to (month/year):		<b>2</b>	Highest Rank Attained:
<b>I</b> Additional Information	<b>3</b>	Military Occupation Specialty and/or Major Duties:			
	<b>4</b>	Additional Comments:			
<b>PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION</b>					
<b>I</b>	<b>1</b>	I certify that the answers given herein are true and complete to the best of my knowledge.			
<b>I</b> Acknowledgements	<b>2</b>	I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.			
	<b>3</b>	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.			
	<b>4</b>	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.			
	<b>5</b>	I understand and acknowledge that, unless otherwise defined by law, policies, and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.			
	<b>6</b>	In the event of employment, I understand that I will be required to successfully complete a drug and alcohol test at initial employment, and that I will be subject to drug and alcohol testing during my employment with the organization.			
	<b>7</b>	I understand that this application is the property of the employer, and will be considered active for six months from the date signed. I understand that this application must be signed and dated before I will receive employment considerations.			
	<b>8</b>	Signature <i>(Please sign - do not type or print)</i> :			<b>9</b>

**NOTE:** A resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.