Employment Application

PERSONAL INFORMATION

Job Applied For		Date			
Name (Last Name First)					
Address	City	State	Zip		
E-mail Address		Phone			
Are you 18 Years or Older? If not, can you submit a work permit? ☐ Yes ☐ No ☐ Yes ☐ No					

In compliance with Federal and State equal employment opportunity laws, qualified applicants will receive consideration for employment without regard to race, religion, color, gender, national origin, age, sexual orientation, gender identity, disability, veteran status, and any other characteristic protected by law.

APPLICATION FOR EMPLOYMENT

DESIRED EMPLOYMENT

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What Position Or Type Of Work Are You Seeking?		If Hired, When Will Yo Be Available To Start?	•	Salary Desired		
Are You Employed Now?		If So, May We Inquire of Your Present Employer? □ Yes □ No		No		
Ever Applied To This Company Before?		Where?	When?	When?		
Ever Worked For This Company Before?		Where?	When?	When?		
Are You Interested In: □ Full-Time □ Part-Time □ Temporary		What Days and Hours a you willing to work?	Can you wor required?	Can you work overtime if required?		
Who Referred You To This Company? □ Employment Agency □ Newspaper Advertising □ Friend □ Social Media						
☐ State Employment Office	College Placeme	ent Service	In			
EDUCATION						
School Level	Name and Address of School	Course of Study	Years Completed	Diploma Degree		
High School						
College						
Trade, Business or Correspondence School						
GENERAL						
Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities: (Please do not include any information that would reveal a protected class status)						
List any job-related professional or technical organizations to which you belong: (Please do not include any information that would reveal a protected class status)						
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FORMER EMPLOYERS List Last Three Employers, Starting With The Most Recent One First.

Address	City	State	Zip
Starting Date	Leaving Date	Job Title	Zip
May We Contact Your Supervisor ☐ Yes ☐ No	Ecuving Date	Job Title	
Name of Supervisor	Title	Phone	
Description of Work		1 110110	
Reason For Leaving			
Name of Previous Employer			
A ddmaga	City	State	7 in
Address Starting Data	City Leaving Date		Zip
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor ☐ Yes ☐ No			
Name of Supervisor	Title	Phone	
Description of Work		<u>'</u>	
Reason For Leaving			
Name of Previous Employer			
Address	City	State	Zip
Starting Date	Leaving Date	Job Title	
May We Contact			
Your Supervisor □ Yes □ No			
Name of Supervisor	Title	Phone	

SPECIALIZED SKILLS Check Skills/Equipment Operated					
☐ Word ☐ Excel ☐ PowerPoint	 ☐ Microsoft Outlook ☐ Other ☐ Desktop Publishing ☐ 10-Key 				
REFERENCES					
Name	Address	Business & Phone	Years Acquainted		
Can you meet the job requirements of the position for which you applied with or without an accommodation? Yes D No-Explain:					
Can you meet the work schedule or attendance requirements of the job?					
☐ Yes ☐ No-Explain:					
Can you, if employed, submit verification of your legal right to work in the United States? ☐ Yes ☐ No					
APPLICANT'S STATEMENT					
of my knowledge. I understand that a this application or resume may be su	his application and any accompanyin any falsification, omission, misrepres ifficient grounds for disqualification mpany shall not be liable in any resp	sentation or concealment of i from further consideration for	nformation on or hire or		
and employees to give you any and a information they may have, personal	tion of all statements contained herein all information concerning my previous I or otherwise to include credit history ords. I release the company from all formation.	ous employment and any per y, education, employment vo	rtinent erification,		
nature, which means that the employ time with or without cause or notice. changed by any written document or authorized executive of this organiza	ge that, any employment relationship yee may resign at any time and the En It is further understood that this "at to by conduct unless such change is spation. I also understand that this applead on me shall not be construed or relied	mployer may discharge Emp will" employment relationship ecifically acknowledged in validation and any employee m	oloyee at any ip may not be writing by an		
Signature of Applicant:	Date	:			