



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION:

| | | | | | | | | | | |
|-------------------------|------------------------------------|------------------------------------|-----------------|--------|---------------------|----------|-----|-----|-----|-----|
| LAST NAME | | FIRST NAME | | | SOCIAL SECURITY NO. | | | | | |
| STREET ADDRESS | | CITY | | COUNTY | STATE | ZIP CODE | | | | |
| PHONE NUMBER () | | CELL PHONE NUMBER () | | | EMAIL ADDRESS | | | | | |
| EMERGENCY CONTACT NAME: | | RELATIONSHIP | | | PHONE NUMBER () | | | | | |
| POSITION DESIRED? | PART TIME <input type="checkbox"/> | FULL TIME <input type="checkbox"/> | HOURS AVAILABLE | MON | TUE | WED | THU | FRI | SAT | SUN |
| DATE YOU CAN START | | | FROM | | | | | | | |
| REFERRED BY | | | TO | | | | | | | |

EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL | | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---------------------------|--|----------------|------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE/VOCATIONAL | | | | |

| OTHER TRAINING/CERTIFICATIONS (DESCRIPTION) | DATE | OTHER TRAINING/CERTIFICATIONS (DESCRIPTION) | DATE |
|---|------|---|------|
| | | | |
| | | | |

WORK HISTORY (MOST RECENT)

| DATE (MONTH AND YEAR) | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-----------------------|----------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |

REFERENCES (LIST NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

| NAME | ADDRESS | BUSINESS | PHONE | YRS. KNOWN |
|------|---------|----------|-------|------------|
| | | | | |
| | | | | |

FIT FOR DUTY (ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMODATION?)

YES NO (IF NO, PLEASE EXPLAIN:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information that they may have personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by ant Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Date: _____

Signature: _____

| FOR OFFICE USE ONLY: | | | |
|------------------------------------|--|--|------------------------------|
| HIRE DATE: | SALARY: | POSITION: | EMPLOYEE NUMBER: |
| D/L OR ID <input type="checkbox"/> | FED WITHHOLDING <input type="checkbox"/> | STATE WITHHOLDING <input type="checkbox"/> | I-9 <input type="checkbox"/> |
| COMMENTS: | | | |