



**PROVIDING PERSONALIZED AND INNOVATIVE WORK SOLUTIONS**

## EMPLOYMENT APPLICATION

As an Equal Opportunity Employer, we will give your application full consideration without regard to race, color, sex, religion, creed, national origin, marital status, status as to public assistance, affectional or sexual preference, or disability, or any other status protected by law or regulation.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last, First Middle

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE # \_\_\_\_\_

Position(s) for which you are applying \_\_\_\_\_

Please check all that you would prefer Full Time  Part Time  Temporary

When could you start work? \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

## EDUCATION AND TRAINING

### HIGH SCHOOL OR GED

NAME \_\_\_\_\_ YEARS COMPLETED  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

CITY & STATE \_\_\_\_\_ GRADUATED Yes  No  GED Yes  No

### COLLEGE/UNIVERSITY

NAME \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_

CITY & STATE \_\_\_\_\_ DEGREE/DIPLOMA/CERTIFICATE \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_ GRADUATED Yes  No

### OTHER (VOCATIONAL, BUSINESS, TECHNICAL, ETC.)

NAME \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_

CITY & STATE \_\_\_\_\_ DEGREE/DIPLOMA/CERTIFICATE \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_ GRADUATED Yes  No

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, sex, religion, creed, national origin, marital status, status as to public assistance, affectional or sexual preference, or disability).

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Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes  No

If yes, please describe:

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Have you ever been convicted of a misdemeanor or felony? Yes  No

If yes, please provide date of conviction, state and county and describe circumstances:

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*\*A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, and other circumstances will be considered.*

## EMPLOYMENT HISTORY

Complete the section below by listing your work history starting with your current or most recent job. Please use additional paper, if necessary. Please do not write "See Resume."

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Company Name	_____				
Address	_____				
City	_____	State	_____	Zip	_____
Job Title	_____				
Supervisor	_____			Phone	_____
Your Job Duties	_____				
	_____				
Reason for Leaving	_____				
Dates of Employment	From	_____	To	_____	
Total Time Employed	Years	_____	Months	_____	
Hours Per week		Starting Salary	\$ _____	Final Salary	\$ _____

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Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Your Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Total Time Employed Years \_\_\_\_\_ Months \_\_\_\_\_  
Hours Per week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

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Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Your Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Total Time Employed Years \_\_\_\_\_ Months \_\_\_\_\_  
Hours Per week \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

Have you worked or attended school under any other name? Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

## REFERENCES

(Please list three individuals, who are not related to you or previous supervisors, who can provide professional references)

1. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_  
2. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_  
3. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Occupation \_\_\_\_\_

## AFFIDAVIT, CONSENT & RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application or any other accompanying or required documents is true and complete. I understand that any false information, misrepresentation or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination and/or background check as a condition of employment. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

**I have read, understand, and by my typed signature consent to these statements.**

Typed Signature \_\_\_\_\_ DATE \_\_\_\_\_

*This application for employment will remain active for a limited time. Ask a HIRED representative for details.*