

Employment Application

Name _____ Social Security Number _____
 Email Address _____
 Address _____
 City _____ State _____ ZIP/Postal Code _____
 Home Phone _____ Business Phone _____ Cell _____
 Position Applied for _____
 Date Available for Employment _____ Salary Desired _____

Would you accept another position? _____ Yes _____ No

Are you willing to work:

	Yes	No		Yes	No
Overtime (over 40 hrs. /wk)	_____	_____	Keyboarding	_____	_____
Evenings	_____	_____	10 Key Calculator	_____	_____
Nights	_____	_____	Other job-related skills:		
Weekends (Sat./Sun.)	_____	_____			
Holidays	_____	_____			
Travel	_____	_____			

Are you applying for _____ Full time _____ Part time _____ Temporary?

How were you referred to this organization? _____

Do you have any relatives working for this organization? _____ Yes _____ No

If yes, name _____ Relationship _____

Department _____

Have you ever been employed by this organization? _____ Yes _____ No

If yes, position _____ Department _____ from _____ to _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ Yes _____ No

Are you older than 18? _____ Yes _____ No

After reviewing the function of the job for which you are applying, do you have any physical/mental condition(s) that would limit your ability to perform the job? _____ Yes _____ No If yes, please explain and note any necessary accommodations.

After a conditional offer of employment, are you willing to undergo a physical exam? _____ Yes _____ No

Do you have any commitments to another employer that might affect your employment with us? Please explain.

Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied.) _____ Yes _____ No

If yes, please explain. _____

Military service? _____ Yes _____ No If yes, from _____ to _____

Branch of service _____ Highest rank obtained _____

School: Name and Address	Course of Study	Check last yr completed	Did you graduate?	Diploma/Degree
High School			Yes	
		1 2 3 4	No	
College			Yes	
		1 2 3 4	No	
College			Yes	
		1 2 3 4	No	
Technical, Business or Professional			Yes	
		1 2 3 4	No	

Professional licenses/certifications	State	Exp. Date	Registration Number
Type			

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Rate of Pay
	Job title _____			

Employer name, address and phone number _____

Duties _____

Reason for leaving _____

Job title _____				
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Employer name, address and phone number _____

Duties _____

Reason for leaving _____

Job title _____				
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Employer name, address and phone number _____

Duties _____

Reason for leaving _____

May we run an employment check from the employers listed above? _____ Yes _____ No

Has notice been given to present employer? _____ Yes _____ No

Is any additional information relative to change in name necessary to check your work history? _____ Yes _____ No

If yes, please explain _____

Please list references to contact who are acquainted with your work history.

	Name	Title/Occupation	Nature of Acquaintance	Phone Number
1.				
2.				
3.				

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin or handicap, as we are an Equal Opportunity Employer.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive officer of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____