

# Employment Application

## PERSONAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

Position Desired \_\_\_\_\_ Pay Expected \_\_\_\_\_

Are you available for full-time work?  Yes  No If no, what hours can you work? \_\_\_\_\_

Will you work overtime if asked?  Yes  No Are you legally eligible for employment in the United States?  Yes  No

When are you available to begin work? \_\_\_\_\_

Please list any additional training or skills (languages, certifications, specialty training, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

| School          | Name and Location of School | Course of Study | Years Completed | Did You Graduate?  | Degree or Diploma |
|-----------------|-----------------------------|-----------------|-----------------|--|-------------------|
| GRADUATE        |                             |                 |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| COLLEGE         |                             |                 |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| TRADE/TECHNICAL |                             |                 |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| HIGH SCHOOL     |                             |                 |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| ELEMENTARY      |                             |                 |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |

## MEMBERSHIPS

Please list professional or civic organizations to which you belong. You may exclude those which may disclose your race, color, religion or ethnic origin.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORY

Starting with your present or most recent employer, give an accurate, complete employment record (include both full-time and part-time). We reserve the right to contact any employer listed below unless you indicate not to do so.

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From (month/year) \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Pay Starting \_\_\_\_\_ Weekly Pay Leaving \_\_\_\_\_ Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From (month/year) \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Pay Starting \_\_\_\_\_ Weekly Pay Leaving \_\_\_\_\_ Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From (month/year) \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Pay Starting \_\_\_\_\_ Weekly Pay Leaving \_\_\_\_\_ Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Employed From (month/year) \_\_\_\_\_ To \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Pay Starting \_\_\_\_\_ Weekly Pay Leaving \_\_\_\_\_ Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ May we contact this employer?  Yes  No

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## MILITARY

Did you serve in the Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying.

## ADDITIONAL INFORMATION

### DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED.

If the employer has checked the box next to the question, the information requested is needed for legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or sexual preference.

Provide dates you attended school: Elementary From \_\_\_\_\_ To \_\_\_\_\_ High School From \_\_\_\_\_ To \_\_\_\_\_  
College From \_\_\_\_\_ To \_\_\_\_\_ Other (give names and dates) \_\_\_\_\_

Sex  Male  Female Number of dependents, including yourself: \_\_\_\_\_ Are you a Vietnam veteran?  Yes  No

Marital Status  Single  Engaged  Married  Separated  Divorced  Widowed Date of Marriage: \_\_\_\_\_

What was your previous address? \_\_\_\_\_  
How long at present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Have you ever been bonded?  Yes  No If yes, with what employer(s)? \_\_\_\_\_

Are you over 18 years of age?  Yes  No If no, employment is subject to verification of age.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?  Yes  No If yes, please describe: \_\_\_\_\_

## SIGNATURE

The information provided in this Application for Employment is true, correct and complete. Any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date