**Application for Employment**

**Personal Information**

Name

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| --- | --- | --- | --- |
| Address | City | State | Zip |
| Phone number | Email address |
| Are you legally eligible to work in the US?Yes No | Are you a veteran? Yes | No |  |  |



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| **Position** |
| Position you are applying for | Available start date | Desired pay |

Employment desired

Full time Part time Overtime when necessary



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| **Education** |
| School name | Location | Years attended | Degree received | Major |
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| **References**  |
| Name | Title | Company | Phone |
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| **Employment History** |
| **Employer (1)** | Job title | Dates employed |
| Work phone | Starting pay rate | Ending pay rate |
| Address | City | State | Zip |
| **Employer (2)** | Job title | Dates employed |
| Work phone | Starting pay rate | Ending pay rate |
| Address | City | State | Zip |
| **Employer (3)** | Job title | Dates employed |
| Work phone | Starting pay rate | Ending pay rate |
| Address | City | State | Zip |
|  |  |  |  |

 May we contact your present and past employers? Yes No

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| **Applicant Statement** Application for employment: Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, or veteran status. |
| I certify that my answers are given herein are true and complete and to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period of time should inquire whether or not applications are being accepted at that time. I understand that the completion of this document and any interview granted constitute an offer of employment. In event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.  |
| Name (please print) | Signature |
| Date |

 For office use only:

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_