



Application for Employment
(Please Print Plainly)

For Office Use Only	
Work Location _____	Rate _____
Position _____	Date _____
Employee # _____	

Personal

Date _____

Name _____ Social Security No. _____
Last First Middle

Present address _____ Telephone No. _____
No. Street City State Zip

Email Address _____

Are you legally eligible for employment in the U.S.A? Yes No (If yes, verification will be required.)

Are you of the legal age to work? _____

Position(s) applied for _____ Rate of pay expected per hr. _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available to work? _____

Are you willing to work: Part Time Full Time Rotating Shifts
 Evenings Weekends

Briefly state any special skills or qualifications you have which you feel are related to the position for which you are applying:

Education

Highest grade completed (circle)

1 2 3 4 5 6 7 8 9 10 11 12

Grade School High School

School	Name and Address of School	Course of Study or Major Field	Years Attended		Circle last year completed	Did you Graduate?	List Diploma or Degree
			From	To			
College					1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)					1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

Military Service Record

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Dates of duty: From _____ To _____ Rank of Discharge _____

What were your duties in the Service(include special training and duty station)? _____

Have you had any schooling under the G.I. Bill of Rights? Yes No If yes, describe: _____

Personal References (Do Not Include Relatives or Former Employers)

Name and Occupation	Address	Phone Number

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? _____
If no, list the function(s) you are unable to perform and explain why you are unable to perform them:

Employer may list other bona fide occupational questions on lines below:

- _____
- _____
- _____
- _____
- _____

Employment Understanding (Please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status or on the basis of age or physical or mental ability unrelated to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete and Employment Verification Form(I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Signed: _____ Date _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW? Yes No Date _____ Hour _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____ Shift _____

Occupation _____ Dept. _____ Clock No. _____

Interviewed by _____ Employed by _____

_____ Approved by _____

To Be Completed After Employed

Date of Birth _____ Marital Status _____

Sex: M F Height: _____ ft. _____ in. Weight: _____ lbs.

IN CASE OF EMERGENCY NOTIFY	Name	Relationship
	Address	Telephone