

APPLICATION FOR EMPLOYMENT



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administrative Office.

Position(s) applied for _____ Date of application _____ / _____ / _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone #() _____ Mobile/Beeper/Other Phone #() _____ Social Security # _____ / _____ / _____

- If you are under 18, and it is required, can you furnish a work permit..... Yes No
- Are you legally eligible for employment in this country? Yes No
- Are you able to meet the attendance requirements (i.e. schedule, staff meetings, training) of the position?... Yes No
- Have you ever been employed here before?..... Yes No
- Have you any family members, relatives or friends employed here?..... Yes No

Driver's license number _____ State _____

Type of work desired Full-Time Part-Time Per Diem Other _____

Shifts (please circle) 1 2 3

Date available for work..... _____ / _____ / _____

Employment History

Provide the following information for your full time and part-time employment starting with the most recent.

| | | | |
|--------------------------------|----|---|------------------|
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | | |
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | | |
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | | |
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | | |

Skills and Qualifications

Identify any skills, training, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Other Information

State any additional information, including relevant volunteer activities, you feel may be helpful to us in considering your application.

Educational Background

| NAME AND LOCATION | YEARS COMPLETED | DID YOU GRADUATE? | | COURSE OF STUDY |
|-------------------|-----------------|-------------------|--------|-----------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | MAJOR | DEGREE | |
| OTHER | | | | |

References (Preference is for work-related persons)

| NAME | RELATIONSHIP | TELEPHONE | YEARS KNOWN |
|------|--------------|-----------|-------------|
| | | () | |
| | | () | |
| | | () | |

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 90 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____