



Application For Employment

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. This form must be filled out completely.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone No. () _____ Social Security No. _____
AREA CODE

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Are you available for work? Full Time Part Time

Can you travel if a job requires it? Yes No

Do any of your relatives work here or serve in any capacity on the Board of Directors of this agency?
 Yes No

If yes, list name(s) & relationship _____

Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes No

If yes, explain _____

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? _____

Give name, address and phone number of three references not related to you.

Employment

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title & Supervisor	Hourly Rate/Salary		
		Starting	Final	
	Reason for Leaving			

2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title & Supervisor	Hourly Rate/Salary		
		Starting	Final	
	Reason for Leaving			

3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title & Supervisor	Hourly Rate/Salary		
		Starting	Final	
	Reason for Leaving			

4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title & Supervisor	Hourly Rate/Salary		
		Starting	Final	
	Reason for Leaving			

Education

	Elementary					High				College/University				Professional/Graduate			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	

Summarize Special Skills and Qualifications Acquired From Employment Or Other Experience

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history, conduct criminal history checks, and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____