

# Employment Application Form

Application Date

Interview Date

## General Information

Last Name First Name Initial Social Security No.

Address Home Telephone

City, State, Zip Message Telephone

Position Applied For Salary Desired

Date Available Hours Available

☐ FULLTIME ☐ PARTIME ☐ TEMPORARY ☐ PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? ☐ YES ☐ NO If hired, will you be able to work overtime? ☐ YES ☐ NO

Are you at least 18 years of age? ☐ YES ☐ NO If under 18, do you have a work permit? ☐ YES ☐ NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. ☐ YES ☐ NO

## Education Information

School Address Major Studies Degree, Diploma, License or Certificate (list type and date)

High School

Vocation/Business/Other

College/university

College/university

Graduate

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)

Military Service (list dates, ranks and training)

*For Clerical Applicants Only:*

Do you type? ☐ NO ☐ YES: \_\_\_\_\_ WORDS PER MINUTE

Computer Skills (hardware/software)

**Employment History**

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

**Most Recent Employer** Is this your current employer? ☐ NO ☐ YES May we contact this employer for references? ☐ NO ☐ YES

Employed From      Employed To      Job Title      Starting Salary      Ending Salary

Employer Name      Employer Address      Supervisor's Name      Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

**Next Most Recent Employer**

Employed From      Employed To      Job Title      Starting Salary      Ending Salary

Employer Name      Employer Address      Supervisor's Name      Supervisor's Phone

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## Other Information

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**Volunteer Activities** (list organization, type of service, dates)

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**Hobbies, Interests** (optional)

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## Certification and Authorization

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The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date