



Employment Application Form

TODAY'S DATE

LAST NAME

FIRST NAME

MIDDLE NAME

()

TELEPHONE

EMAIL

ADDRESS

CITY

STATE

ZIP

POSITION APPLIED FOR

SOCIAL SECURITY NUMBER

Would you accept full-time work? ☐ Yes ☐ No

Would you accept part-time work? ☐ Yes ☐ No

Have you ever been employed here? ☐ Yes ☐ No If yes, please give dates: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No *(If yes, proof is required if hired.)*

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? ☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond.

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No If yes, please explain:

Special Training or Skills

Languages, other skills, etc., that would be of benefit in the job for which you are applying.



Employment Application Form (continued)

Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

EMPLOYER			
()			
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY	STATE	ZIP	
YOUR JOB TITLE		YOUR SUPERVISOR	
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM / YYYY)		HOURLY RATE / SALARY	
REASON FOR LEAVING			

EMPLOYER			
()			
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY	STATE	ZIP	
YOUR JOB TITLE		YOUR SUPERVISOR	
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM / YYYY)		HOURLY RATE / SALARY	
REASON FOR LEAVING			

EMPLOYER			
()			
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY	STATE	ZIP	
YOUR JOB TITLE		YOUR SUPERVISOR	
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM / YYYY)		HOURLY RATE / SALARY	
REASON FOR LEAVING			



Employment Application Form (continued)

Employment Experience (continued)

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

EMPLOYER			
()			
CONTACT NAME	PHONE	EMAIL	
ADDRESS			
CITY	STATE	ZIP	
YOUR JOB TITLE		YOUR SUPERVISOR	
From: / to: /	Start: \$	Final: \$	
DATES EMPLOYED (MM / YYYY)	HOURLY RATE / SALARY		
REASON FOR LEAVING			

Educational Background

HIGH SCHOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION
COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION
COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE SCHOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION
COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
VOCATIONAL TRAINING / OTHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION
COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
CONTINUING EDUCATION (LIST)		



I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the organization's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the organization's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the organization. I understand that no organization representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

SIGNATURE OF APPLICANT

DATE

Equal Opportunity Policy

It is the policy of our organization to provide equal opportunity for employment and advancement to qualified individuals with regard to all terms and conditions of employment. The organization complies with federal and state laws prohibiting discrimination on the basis of race color, religion, sex, national origin, ancestry, sexual orientation, marital status, political affiliation, disability, veteran status, age, or any other status protected by local, state, or federal law.