

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

| Date | | | | | | |
|--------------------------------------------------|--------------------------|-------------------|---------------------|-----------|-----------|-------------------|
| Last name | First | name | Middle | e name | | |
| Street Address | | | | | | |
| City | State | ZIP | | | | |
| Telephone | So | ocial Security # | | | | |
| Position applied for | | | | | | |
| How did you hear of thi | s opening? | | | | | |
| When can you start? | | Desired Wage | \$ | _ | | |
| Are you a U.S. citizen of provide documentation. | | to work in the U | J.S. on an unrestri | cted basi | s? (You m | ay be required to |
| Are you looking for full | l-time employment? 🗖 | Yes 🗖 No | | | | |
| If no, what hours are yo | u available? | | | | | |
| Are you willing to work | swing shift? Yes | □ No | | | | |
| Have you ever been con | victed of a felony? (Thi | is will not neces | sarily affect your | applicati | on.) 🗖 Y | es 🗖 No |
| If yes, please describe c | onditions. | | | | | |
| | | | | | | |
| | | | | | | |
| Education | | | | | | |
| School | Name and Location | | Year | Major | Degree | |
| High School | | | | | | |
| College | | | | | | |
| College | | | | | | |
| Post-College | | | | | | |
| Other Training | | | | | | |

| in addition to your work | mistory, are there other ski | ins, quantications, or experience that we sno | — |
|----------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| | | | _ |
| , | | | _ |
| | (Start with most recent en | mployer) | |
| Address | | Telephone | _ |
| Date Started | Starting Wage | Starting Position | _ |
| Date Ended | Ending Wage | Ending Position | |
| Name of Supervisor | | | |
| May we contact? \square Yes | □ No | | |
| • | | | _ |
| | | | _ |
| | | | _ |
| | | Telephone | |
| | | Starting Position | |
| | | Ending Position | _ |
| | | | |
| May we contact? ☐ Yes | | | |
| Responsibilities | | | _ |
| Reason for leaving | | | _ |
| Attach additional inform | ation if necessary. | | |
| understand that if I am en | mployed, false statements | or employment are true and complete to the boon this application shall be considered suffice vestigations of my prior educational and emp | ient cause for dismissal. |
| employment relationship employment is continued | at any time, with or witho | at will," which means that either I or this concut prior notice, and for any reason not prohild that no supervisor, manager, or executive ong. | oited by statute. All |
| Signature | | Date | _ |