

## APPLICATION FOR EMPLOYMENT

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*Applicants please type or print legibly in ink. We consider all applicants without regard to age, national origin, color, religion, sex, marital status, disability, veteran status, or any other legally protected status.*

State the position(s) you are applying for: \_\_\_\_\_

**APPLICANT INFORMATION**

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Home Telephone Number Cell Phone Number Email Address

Do you have the legal right to work in the United States?  Yes  No

Have you ever pled guilty or no contest to, or been convicted of a misdemeanor or felony?  Yes  No

If **yes**, please give the date(s) and details: \_\_\_\_\_

*NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account. (Do not include minor traffic infractions and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)*

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Are you interested in:  Full-time work? Or  Part-time work?

Please check the days you can work:  Sun  Mon  Tues  Wed  Thu  Fri  Sat

Please list the hours you can work: \_\_\_\_\_ Are you willing to work overtime?  Yes  No

Date Available: \_\_\_\_\_ Desired Pay: \_\_\_\_\_

Can you perform the necessary functions involved in the position for which you are applying?  Yes  No

If **no**, please list the job functions you cannot perform \_\_\_\_\_

Have you ever been employed by us?  Yes  No If yes, when? \_\_\_\_\_

State the names of any relatives/friends in our employment: \_\_\_\_\_



APPLICANT NAME: \_\_\_\_\_

**EDUCATION HISTORY**

High School Name	Address	City, State	GPA	Graduation Date	
College	Address	City, State	GPA	Major	Degree
Trade School / Other	Address	City, State	GPA	Major	Degree

List any special training or education you have received: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

**Present / Last Employer** May we contact your previous employers?  Yes  No

Company	Dates worked	Title/Position		Rate of Pay
Company Address	City, State	Zip	Phone Number	
Supervisor	Reason for Leaving			
2 <sup>nd</sup> Company	Dates worked	Title/Position		Rate of Pay
Company Address	City, State	Zip	Phone Number	
Supervisor	Reason for Leaving			
3 <sup>rd</sup> Company	Dates worked	Title/Position		Rate of Pay
Company Address	City, State	Zip	Phone Number	
Supervisor	Reason for Leaving			

List all office, technical or professional skills and/or certificates, licenses and bilingual abilities you possess that are relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

