

# APPLICATION FOR EMPLOYMENT

(Please print clearly)

Date: \_\_\_\_\_

## PERSONAL INFORMATION

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

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Area Code Number

If under 18 years of age, do you have a work permit?  Yes  No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.?  Yes  No

Alien Reg. No. \_\_\_\_\_

## EMPLOYMENT DESIRED

Position applied for: \_\_\_\_\_

Shift you can work:  Day  Evening  Either Hours desired:  Full time  Part time  Temporary

How did you learn of this opening? \_\_\_\_\_

Date you can start: \_\_\_\_\_  
Month Day Year

Have you ever applied to this company before?  Yes  No When \_\_\_\_\_

Have you ever worked for this company before?  Yes  No

When \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## EDUCATION

Highest grade completed (circle): 9 10 11 12 1 2 3 4  
High School College

Name and location of last school attended \_\_\_\_\_

Vocational or trade training \_\_\_\_\_

Extracurricular activities while in school \_\_\_\_\_

Area of specialization or major interest \_\_\_\_\_

Professional organization memberships, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List three persons who know you well. Do not include relatives or former employers.

Name	Address	Phone	Years Acquainted With You

## FORMER EMPLOYERS

List below your work experience, starting with your present or last place of employment.

Date Employed	Name and Address of Employer	Name of Supervisor	Position(s) Held
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____
from _____ to _____	_____	_____	start _____ finish _____

May we contact your present employer at this time?    Yes    No

### EMPLOYMENT UNDERSTANDING (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities; agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_