 **Application for Employment**

**PERSONAL INFORMATION**

We consider applicants for all positions without regard to race, color religion, sex, national origin, age, sexual preference, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

|  |  |
| --- | --- |
| Last Name First Middle | Date |
| Street Address | Home Telephone |
| City State Zip | Business Telephone |
| Have you ever applied for Employment with us?    Yes No If yes: Month and Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | Social Security Number |
| Position Desired?  When will you be available to work? | Pay Expected |
| **AVAILABILITY**  Check one: \_\_\_\_\_\_\_\_\_\_ Full Time \_\_\_\_\_\_\_\_\_\_\_ Part Time \_\_\_\_\_\_\_\_\_\_ On-Call | |

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name & Location of School | Course of Study | No. of years Completed | Did you graduate? | Degree of Diploma |
| College |  |  |  | \_\_\_\_\_ yes \_\_\_\_\_ no |  |
| Business/Trade/Technical |  |  |  | \_\_\_\_\_ yes \_\_\_\_\_ no |  |
| High School |  |  |  | \_\_\_\_\_ yes \_\_\_\_\_ no |  |

**SKILLS**: List current professional or vocational licenses, certificates, registrations and other job-related skills you have, including foreign languages, programming a micro/personal computer, typing speed, etc.

List professional, trade, business or civic activities and offices held. You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

**IN CASE OF EMERGENCY, NOTIFY:**

Name: Relationship:

Address: Phone:

**WORK HISTORY**

A RESUME WILL NOT SUBSTITUTE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

|  |  |  |  |
| --- | --- | --- | --- |
| Date (Start/End)  Month and Year | Name and Address of Employer | Position | Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We may contact the employers listed above unless you indicate below those you do not want us to contact:

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | PHONE | BUSINESS | YEARS ACQUAINTED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The Federal Immigration Reform and Control Act requires individuals to provide, to an employer, documented proof that they are authorized to work in the United States. This proof must be provided to and verified by state agencies at the time of hire, or no later than three business days after the date of hire.

I CERTIFY AND AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE NOTICE. I FURTHER CERTIFY THAT I PERSONALLY COMPLETED THIS APPLICATION AND ATTACHED MATERIALS OR REQUESTED ITS COMMPLETIONS AND THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a termination. I understand, also, that I am required to abide by all the rules and regulations of the employer. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

|  |  |
| --- | --- |
| Signature: | Date: |

FOR PERSONNEL DEPARTMENT USE ONLY:

Remarks:

Interviewer: Date:

Employed: Yes No Date of Employment:

Job Title: Hourly Rate/Salary:

Program: By Date:

Name and Title