Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name First Middle	Date
Street Address	Home Phone ( ) -
City, State, Zip	
Business Phone ( ) -	Email Address:
What was your previous address?	How long at present address? _____ Years _____ Months
Are you over 18 years of age? ☐ Yes ☐ No If not, employment is subject to verification of minimum legal age.	How long at present address? _____ Years _____ Months
Have you ever applied for employment with us? ☐ Yes ☐ No If Yes: Month and Year_____ Location_____	Social Security No. - -
How did you learn of our organization?	
Are you legally eligible for employment in the United States?	When will you be able to work?
Are you employed now?	If so, may we inquire of your present employer?

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ☐ Yes ☐ No If Yes, describe in full.

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? ☐ Yes ☐ No If Yes, please explain.		
Drivers License#	State	Any Violations? ☐ Yes ☐ No

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				☐ Yes ☐ No	
High				☐ Yes ☐ No	
Trade School				☐ Yes ☐ No	
Other				☐ Yes ☐ No	

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From To
	Rank at Discharge
	Date of Final Discharge

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone ( ) -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

2.	Company Name	Telephone ( ) -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

3.	Company Name	Telephone ( ) -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

4.	Company Name	Telephone ( ) -
	Address	Employed (Start Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	Start Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do not contact
	Employer Number(s)_____
	Reason_____

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

Name	Address	Business	Years Acquainted
1.			
2.			
3.			