

Employment Application

NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____ **TELEPHONE:** _____
Street City State

Are you a U.S. Citizen? Yes No If not, do you have the right to work in the U.S? Yes No

Have you ever been convicted of a crime? Yes No If yes, state when, where and disposition of case: _____

POSITION APPLYING FOR: _____ **SALARY REQUIREMENT:** _____

DATE AVAILABLE: _____ **OTHER POSITIONS QUALIFIED FOR:** _____

WORK LOCATION RESTRICIONS (if any): _____

Do you have family, business, health, or social obligations that would prevent you from working consistently or working overtime? Yes No

Are there any reasons why you would not consistently arrive for work on time or be able to work according to the company's schedule? Yes No

Do you have any physical limitations that may limit your ability to perform the job applied for? Yes No

Do you need any special accommodations to perform the job? Yes No

Education

Name and Location of High School, Trade School, or College Attended	Dates Attended		Degrees Earned or Expected	Date Graduated	Major Courses Studied	GPA, 1) Overall, 2) Major	Grade Basis (A=4.0)
	Start	End					

Honors, Professional, Society, Fraternities/Sororities, and Other Activities (Give positions held): _____

Other Information (Community Activities, Hobbies, Interests, Etc.) _____

Military Experience

Current Military Assignment	Branch of Military	Duties	From	To
Past Military Experience	Branch of Military	Experience	From	To

Employment History

Business Name/Address of Latest Employer	Name and Title of Supervisor	Job Title and Description of Work	Salary	Dates Employed	
				From	To
Reason for Leaving:		If you are currently employed, may we contact your present employer? Yes NO			
Business Name/Address of Latest Employer	Name and Title of Supervisor	Job Title and Description of Work	Salary	Dates Employed	
				From	To
Reason for Leaving:					
Business Name/Address of Latest Employer	Name and Title of Supervisor	Job Title and Description of Work	Salary	Dates Employed	
				From	To
Reason for Leaving:					

References

Name and Current Position	Where you worked together	Address and Telephone Number	Years Acquainted
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I hereby affirm that all statements and answers made in connection with this application are true and correct. I understand that misrepresentation or omission of facts may be the cause for cancellation of consideration for employment, or dismissal, if employed. I authorize an inquiry to be made on the information contained in this application, if I am considered for employment. I understand that employment may be conditioned upon a favorable health evaluation. I further understand that this is an application for employment and that no employment contract or agreement is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that either the Company or I can terminate my employment at will, at any time, with or without cause or notice and that the Company reserves the right to change, modify, or abolish any or all of its policies, benefits, rules and regulations as it deems appropriate at any time, with or without notice.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS: _____
Applicant's Signature

TO BE COMPLETED BY HUMAN RESOURCES DIRECTOR AFTER ACCEPTANCE OF EMPLOYMENT

Employed for Position (Job Title) _____ Department _____

Start Date _____ Starting Wage _____ per Year Month Week Hour

Job Classification: Exempt Full Time Permanent Review Dates _____
 Non-Exempt Part Time Temporary 3-month 6-month Annual

Birth Date _____