

Date: _____



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to the job performance or any other legally protected status.

POSITION APPLYING FOR: _____

If hired, when can you start: _____

Employment status desired: Full Time Part Time Temporary

PERSONAL INFORMATION

Legal Name: **First** **Last** **Middle Initial**

Address: **Street** **City** **State** **Zip Code**

Telephone: _____ Other Phone: _____

Social Security #: _____ E-mail: _____

Driver's License # _____ State: _____ Birth Date: _____

Are you legally eligible for employment in the United States: Yes No

Are you at least 18 years of age? Yes No

Have you been convicted of a felony? Yes No If Yes, please explain circumstance: _____

How did you hear about us: _____

CERTIFICATION AND AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omission of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of the law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Date: _____



EMPLOYMENT HISTORY (Most recent first)

1. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____	
Reason for leaving:			
2. Job Title:		Duties:	
Employer:			
Dates of Employment (month / year) From: _____ To: _____			
Starting Salary:	Ending Salary:		
Employer's Address:			
Supervisor:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____	
Reason for leaving:			

EDUCATION

High School: Name:	Location:
Dates Attended:	Did you Graduate:
College: Name:	Location:
Dates Attended:	Did you Graduate:
Other School: Name:	Location:
Dates Attended:	Did you Graduate:
Computer Skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Software:	
Languages:	
Other special skills or knowledge:	