



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary _____

Date you will be able to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment) _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

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Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History (continued)

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor & title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills & Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name & location, years completed, course of study, and any degrees earned:

High School: _____

College: _____

College: _____

College: _____

References

List 3 reference names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, bureau of motor vehicle, court systems and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is a policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and I seek employment under these conditions.

Applicant Signature: _____ Date: _____

REQUEST FOR CHECK OF DRIVING RECORD

Current Federal Law states it is illegal to order or distribute any Motor Vehicle Report data for Employment purposes without a signed release from the Individual listed on the MVR request.

The signed Release must be acquired prior to ordering the Motor Vehicle Report.

NAME: _____
BIRTH DATE: _____
SOCIAL SECURITY NO. _____
DRIVER'S LICENSE NO. _____
STATE _____

I hereby give permission to contact the appropriate sources to verify my Driving Record.

SIGNED: _____ DATE: _____

EMPLOYER: _____