



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Position(s) applied for _____ Date ____/____/____

How did you find out about this job? Newspaper Employee Walk-in Relative Other _____

Why are you seeking a new job at this time? _____

Applicant Information

First Name _____ Middle _____ Last _____

Street Address _____ Social Security No. _____

City/State/Zip _____ Phone (____) _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Are you at least 19 years old? _____ Email _____ Emergency Contact _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a felony? Yes No

List any special skills or training: _____

Employment Information

AVAILABILITY:

		M	T	W	T	F	S	S
Hours Available	From							
	To							

What type of position are you seeking? Part time Full time Seasonal Temporary

Total hours available _____ Date available to start work _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, Please describe: _____

Why are you a good candidate for the job? _____

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D

Name of School: _____ Name of School: _____

Location of School: _____ Location of School: _____

If in high school, are you enrolled in a recognized co-op program? Yes No

If yes, identify program and school: _____

College: 1 2 3 4 5 6 7 8

Name of School: _____

Location of School: _____

Degree & Major: _____

Minor: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

2. Company _____ Phone No. with Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

3. Company _____ Phone No. with Area Code () _____

Address _____ City/State/Zip _____

Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____

Job Title _____ Supervisor's Name & Title _____

Describe duties briefly: _____

Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____

If yes, give name and organization(s) _____

May we contact the employers listed above? ___ If not, list the employers you do not wish us to contact and why:

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED BOTH SIDES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR FALSE INFORMATION IS GROUNDS FOR DISMISSAL. I AUTHORIZE THE REFERENCES LISTED ON THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE. I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR MY EMPLOYMENT APPLICATION AN INVESTIGATIVE CONSUMER REPORT MAY BE MADE CONCERNING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING.

SIGNATURE _____ DATE _____