

# Application for Employment

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. This company is an Equal Opportunity Employer, and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date Available? \_\_\_\_\_

Full-Time     Part-Time     PRN/Per Diem

Are you willing to work hours other than 8-5?     Yes     No

What days are you unavailable to work? \_\_\_\_\_

Are you willing to travel?     Yes     No    If yes, what percent of time? \_\_\_\_\_

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony?     Yes     No

If yes, explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

**EDUCATION:** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High school graduate or GED?     Yes     No

If yes, name/location of high school or GED institute: \_\_\_\_\_

Type of school	Name and Location	Dates Attended	Date Graduated	Degree Type
Undergraduate College or University	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Technical or Vocational School	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

## AN EQUAL OPPORTUNITY EMPLOYER

**LICENSE/CERTIFICATION.** If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issued by	License #

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**SKILLS:**

Special Training/Skills/Qualifications: list all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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Do you speak a language other than English?  Yes  No

If yes, what language(s) do you speak? \_\_\_\_\_

Do you use sign language?  Yes  No

Have you ever been employed by this company?  Yes  No

Do you have any relatives employed by this company?  Yes  No

If yes, name and relationship: \_\_\_\_\_

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran?  Yes  No

Dates of service (From/To): \_\_\_\_\_

**REFERENCES**

Name three persons (not related) who have knowledge of your professional qualifications and whom we have permission to contact, preferably persons under whom you have worked.

Name	Title/Occupation	Where Employed	Contact

# Application for Employment

## AN EQUAL OPPORTUNITY EMPLOYER

### EMPLOYMENT HISTORY

List All Employment Since Graduation (Present or Most Recent Position First)

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds to the employer to terminate my employment without notice. I authorize my previous employers, schools, or persons named as a reference to give any information regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that the named company and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I hereby release said employers, schools, or persons from all liability for any damage whatsoever for issuing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_