



Date Received: _____

APPLICATION for EMPLOYMENT

Equal Opportunity Employer

POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL, OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

Position Sought: _____

How did you hear about the position?: _____

Name : _____

Available date to begin work? Month _____ Day _____

Street Address: _____

If selected for employment, are you willing to submit to pre-employment drug screen? Yes No

City, State, Zip: _____

Are you a U. S. Citizen, or otherwise authorized to work in the U.S. without restrictions? Yes No

Contact Phone #: _____

Have you ever been convicted of a felony? Yes No

Email: _____

If yes, please describe: _____

Desired Wage/Salary \$ _____

SKILLS & QUALIFICATIONS

List any training, certifications, licenses, or skills you have obtained that relate to the position you are applying for:

Certifications Please list any and all, current, certifications you have obtained: _____

Licenses Please list any and all, current, licenses you hold: _____

Tell us about skills you possess that pertain to the position you are applying for: _____

EDUCATION

High School: _____

Diploma: Yes No

City & State of high school: _____

College: _____

Degree: Yes No

If yes, what is your degree in? _____

EMPLOYMENT

1. Employer: _____ Job Title: _____

Dates Employed: _____

Address: _____ City: _____ State: _____

Supervisor: _____ Starting Salary: _____ Ending Salary: _____

Duties Performed: _____

Reason for Leaving: _____

EMPLOYMENT cont.

2. Employer: _____ **Job Title:** _____

Dates Employed: _____

Address: _____ **City:** _____ **State:** _____

Supervisor: _____ **Starting Salary:** _____ **Ending Salary:** _____

Duties Performed: _____

Reason for Leaving: _____

3. Employer: _____ **Job Title:** _____

Dates Employed: _____

Address: _____ **City:** _____ **State:** _____

Supervisor: _____ **Starting Salary:** _____ **Ending Salary:** _____

Duties Performed: _____

Reason for Leaving: _____

REFERENCES

Name: _____ **Contact Phone#:** _____

Occupation: _____ **Years Known:** _____ **Months:** _____

Name: _____ **Contact Phone#:** _____

Occupation: _____ **Years Known:** _____ **Months:** _____

Name: _____ **Contact Phone#:** _____

Occupation: _____ **Years Known:** _____ **Months:** _____

I certify that answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, **any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.** It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____