

# 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 unable 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 charge?     Yes     No If your answer is "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 Issues	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? 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 If yes, list type of discharge: \_\_\_\_\_

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 the employer to terminate my employment without notice. I authorize my previous employers, schools or persons named as reference to give any information regarding my employment together with information they may have regarding me, whether or not it is on 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 damages whatsoever for issuing this information.

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