

Employment Application

Any misrepresentation in this application and/or attachments may cause your application to be rejected and/or, if you are hired, subject you to dismissal.

GENERAL INFORMATION

- Print clearly.
 - Once submitted, your application and attachments will not be returned.
 - Provide all work experience, from present or most recent employer and working back. If you need additional space, write on blank sheets of paper. Be sure to include all the requested information for each employer.
 - Where you have held supervisory positions, it is helpful to indicate titles of people supervised and the number of people supervised.
-

POSITION FOR WHICH YOU ARE APPLYING:					Today's Date:
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/>					
Last Name		First Name		Middle Initial	
Address		Apt/Unit		City	
State	Zip	Home Telephone No.	Cell Phone No.	E-Mail Address	
Social Security No.:		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, give date: _____
Have you ever been employed by this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, give Starting date: _____ Ending date: _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					If so, where? _____
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been discharged or forced to resign from any position? If yes, please give employer, reason, and date. <i>Employer Reason Date</i>					
On what date are you available to start work? _____					
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education					
School	Name & Address	Course of Study/Major	No. of Years Completed	Diploma/Degree Earned	
High School					
Undergraduate College					
Graduate College					
Other (Specify)					
Licenses					
Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date	

Skills

- | | | | |
|---------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Access | <input type="checkbox"/> Oracle | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Other Software |
| <input type="checkbox"/> Word | <input type="checkbox"/> Excel | <input type="checkbox"/> Visio | <input type="checkbox"/> Twitter/Facebook/
LinkedIn |

Describe any specialized training, apprenticeships, or other training programs completed:

Describe any special job-related skills and/or qualifications:

Languages understood, spoken and/or written fluently. Please describe:

Employment History

Start with your most recent job. List all of your employment experience, including self-employment and military service assignments. Attach additional sheets if necessary (make additional copies of page 4).

Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Starting Position:		Starting Salary:	
Ending Position:		Ending Salary:	
Job Duties:			
Reason for Leaving:			
Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Starting Position:		Starting Salary:	
Ending Position:		Ending Salary:	
Job Duties:			
Reason for Leaving:			

Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Starting Position:		Starting Salary:	
Ending Position:		Ending Salary:	
Job Duties:			
Reason for Leaving			
Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Starting Position:		Starting Salary:	
Ending Position:		Ending Salary:	
Job duties:			
Reason for Leaving			
Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Starting Position:		Starting Salary:	
Ending Position:		Ending Salary:	
Job Duties:			
Reason for Leaving			

List professional, trade, business or civic activities and offices held. You may exclude membership which may reveal gender, race, religion, national origin, age, ancestry, disability, color, citizenship, marital status, sexual orientation, arrest and court record, or other protected status.

Employment References

Name: _____ Job Title: _____ Telephone Number: () _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Job Title: _____ Telephone Number: () _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Job Title: _____ Telephone Number: () _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Information

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Company expense and by a Company-chosen physician. I authorize the physician conducting the examination and any laboratory testing of any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Company.

Date: _____ Applicant's Signature: _____

Applicant's Statement

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission, even if discovered after my employment, will subject me to discharge. I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Date: _____ Applicant's Signature: _____