

# APPLICATION FOR EMPLOYMENT



*An Equal Opportunity Employer*

Please Print All Information

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
                     Last                                      First                                      Middle                                      Phone Number

Address: \_\_\_\_\_  
                     Street                                      City                                      State                                      Zip

\_\_\_\_\_  
 List the title of job for which you are applying or type of work in which you are interested:

\_\_\_\_\_  
 Are you available for: (Check all that apply.)

\_\_\_ Full-Time    \_\_\_ Part-Time    \_\_\_ Temporary, occasional, or seasonal    \_\_\_ Daytime    \_\_\_ Evening

\_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_

## Education

Circle Highest Year Completed	Elem: 1 2 3 4 5 6 7 8	High: 9 10 11 12	College/Tech: 1 2 3 4 5 6
School Name	School Address	# Years Attended	Did you Graduate?
High School			
College, Univ, or Tech Schools			

\_\_\_\_\_  
 List any other training, seminars, correspondence courses, etc., that could have a bearing on your qualifications:

## Work History

As a minimum, list all jobs and periods of unemployment in the last 10 years that lasted over 30 days. List all jobs that have a bearing on your qualifications for the work in which you are applying, regardless of when they occurred. Include military experience if applicable. Use a blank sheet or an additional form if more space is required. Your current employer will not be contacted without your permission. Start with your present or most recent job:

Current or Most Recent Employer:	Job Title:
Address:	Job Duties:
Dates Employed:	
Supervisor's Name:	
Current or Final Pay Rate:	Reason for leaving:



1. List any licenses or certifications you hold that have a bearing on your qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had a license or certification revoked or suspended? \_\_\_Yes \_\_\_No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been fired or asked to resign from a job? \_\_\_Yes \_\_\_No

4. Are you 18 years of age or older? \_\_\_Yes \_\_\_No (If you are under eighteen, you must present a certificate from your school district stating your eligibility to work.)

5. Are you legally eligible to be employed in the United States of America? \_\_\_Yes \_\_\_No (If hired, you will be required to show documentation verifying your eligibility.)

6. Have you ever been convicted of or pled guilty to a crime other than summary offenses or traffic violations? \_\_\_Yes \_\_\_No If yes, please explain below. (A conviction will not be a disqualification from employment unless it has a bearing on your qualifications.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying? \_\_\_Yes \_\_\_No (If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List as least three references who know you personally and who are familiar with your work qualifications and who are not related to you:

Name	How Known	Address	Phone Number
------	-----------	---------	--------------

1.

2.

3.

I certify that to the best of my knowledge, the information on this form is correct and complete. I understand that any misrepresentation on this application will be cause for me to be dropped from further consideration, or if I have been hired, may be grounds for my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Application Supplement

## Essential Function Information

The position of \_\_\_\_\_ requires that you be able to perform the following functions:

**To the Employer:**

(Describe duties that require walking; climbing; use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing; exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours or unusual schedules; entering confined spaces.)

SEE ATTACHED LIST

**To the Applicant:**

I have reviewed the above list of job functions and believe that:

I can fully perform all the functions.

I can fully perform all the functions with the following accommodations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain below if there are additional considerations of which we should be aware.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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