

APPLICATION FOR EMPLOYMENT

This Agency is an Equal Opportunity Employer and does not discriminate based on race, creed, sex, marital status, age, color and National Origin.

Personal Information:

Date: _____

Name (Last, First, Middle): _____

Address: _____

Phone #: _____ Social Security #: _____

Email Address: _____

Employment Eligibility:

Are you 18 years or older? Yes No

Are you a United States Citizen.? Yes No

Are you legally authorized to work in the U.S.? Yes No

If no, are you an alien authorized to work in the U.S.? Yes No

Availability:

Desired Position: _____

Wages Desired: \$ _____ per _____ Available Start Date: _____

Type of Employment Desired? Full-Time Part-Time PRN

Are you willing to work? Days Evenings Weekends Holidays Overtime

Were you ever employed here? Yes No If yes, when? _____

Do you know anyone employed here? Yes No If yes, who? _____

Can you travel if your job requires it? Yes No

Do you have a valid diver's license? Yes No

Do you have reliable transportation? Yes No

Please list the days and times you are available to work below:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
From:							

Education:

	Name & Location	Degree	Subject/Major
High School			
College			
Trade School			

Creation Date	Last Revision Date	Current Revision Date	Effective Date
9/6/2011	7/18/2012	1/2020	10/4/2011



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Professional References: Give the names of three persons you have worked with; paid or unpaid, for at least (1) year.

Name	Phone	Years Acquainted

Work Experience: May we contact your current employer? Yes No

From:	To:	Employer:	Phone:
Job Title:		Address	
Supervisor:		City, State, Zip:	
Reason for Leaving:		Pay Rate: \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

From:	To:	Employer:	Phone:
Job Title:		Address	
Supervisor:		City, State, Zip:	
Reason for Leaving:		Pay Rate: \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

From:	To:	Employer:	Phone:
Job Title:		Address	
Supervisor:		City, State, Zip:	
Reason for Leaving:		Pay Rate: \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Are there any limitations prohibiting you from performing this job?

Yes No If yes, Please Explain: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND I MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Signature: _____ Date: _____

OFFICE USE ONLY:

Interview Date & Time: _____ Interviewed By: _____

Position Offered? Yes No Position Accepted? Yes No

Comments: _____



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