



# Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.

## For Office Use Only

Name \_\_\_\_\_

Employee # \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hire Date \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Program \_\_\_\_\_

Position applied for \_\_\_\_\_

Rate \_\_\_\_\_

Expected pay \_\_\_\_\_

\_\_\_\_\_ Hourly

Would you accept full-time work? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Salary

Would you accept part-time work? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Daily

On what date would you be available for work? \_\_\_\_\_

Other \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

Notes \_\_\_\_\_

Special training or skills (languages, machine operation, etc.) that would be of Special benefit in the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, proof is required)

Attachments  
 \_\_\_\_\_ Resume  
 \_\_\_\_\_ Applicant Reference Check  
 \_\_\_\_\_ Applicant Interview  
 \_\_\_\_\_ Payroll Status Change Sheet

Are you of legal age to work in the United States? \_\_\_\_ Yes \_\_\_\_\_ No

## Educational Background

School	Name and location of school	Course of Study	Did you graduate?	Degree or diploma
Grammar school			____ Yes ____ No	
High school			____ Yes ____ No	
College			____ Yes ____ No	
Graduate school			____ Yes ____ No	
Vocational Training/other			____ Yes ____ No	

Membership in professional or civic organizations (Exclude those which may disclose your race, color, religion, or national origin.)

\_\_\_\_\_

## Personal References

(Other than family members or previous employers)

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

# Employment Experience

Place an       X       by the employer(s) you *do not* want us to contact. List your most recent employer first.

1.	Employer _____	Address _____
_____	Phone (    ) _____	_____
	Job Title _____	Supervisor _____
	Dates Employed: from _____ to _____	Hourly rate/salary: starting _____ final _____
	Work Performed _____	Reason for Leaving _____
2.	Employer _____	Address _____
_____	Phone (    ) _____	_____
	Job Title _____	Supervisor _____
	Dates Employed: from _____ to _____	Hourly rate/salary: starting _____ final _____
	Work Performed _____	Reason for Leaving _____
3.	Employer _____	Address _____
_____	Phone (    ) _____	_____
	Job Title _____	Supervisor _____
	Dates Employed: from _____ to _____	Hourly rate/salary: starting _____ final _____
	Work Performed _____	Reason for Leaving _____
4.	Employer _____	Address _____
_____	Phone (    ) _____	_____
	Job Title _____	Supervisor _____
	Dates Employed: from _____ to _____	Hourly rate/salary: starting _____ final _____
	Work Performed _____	Reason for Leaving _____

*Please be sure to sign and date this application. Thank you for your interest.*

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have the similar right. In addition, I understand that no promise, representation, or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_