## **APPLICATION FOR EMPLOYMENT**

# **Applicant Information**

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the Human Resources Department.

Date of Application:	Position /	Applying For		
Date of Application.	FOSITION F	Applying For		
Name:				
Address: Number, Street & Apt. #		City	State	ZIP Code
Hambor, Groot a Apr. II		Oity	Oldio	211 0000
Telephone Number:	Mobile/O	ther Number:		
Email Address:				
		_	_	
Type of employment desired: ☐ Full-Time ☐ Part-Time	□Temporary	Seasonal	☐Educations Co-Op	
Date Available for Work:	What is y	our desired wag	o?	
Date Available for Work.	villat is y	our desired way	<b>C</b> :	
Referral Source (How did you hear about us?)				
Have you ever been employed here before? If yes, give dates	and positions		\ \_ YES	□ NO
, , , , , , , , , , , , , , , , , , , ,	,		<del>_</del>	_
List any friends or relatives working for us:	_			
Driver's License number if driving may be required in position for	or which you are a	oplying		
Are you below the age of 18?			☐ YES	□ NO
hie you below the age of 10:				
Are you legally authorized to work in the United States?			☐ YES	□ NO
Have you ever pled "guilty" or "no-contest" to, or been convicted	d of a crime?		☐ YES	□ NO
lf ves please explain				

# Employment History

Starting with your most recent employer, provide the following infor	mation.			
Employer	Telephone Number			
Street Address	City, State, Zip			
Starting Job Title/Final Job Title	Why did you leave?			
Immediate Supervisor and Title	May we contact for reference?			
Dates Employed: To: From:	Compensation: \$ per  ☐ Hourly ☐ Salary			
Summarize type of work performed and job responsibilities:				
What did you like most about your position?				
What were things you liked least about the position?				
Employer	Telephone Number			
Street Address	City, State, Zip			
Starting Job Title/Final Job Title	Why did you leave?			
Immediate Supervisor and Title	May we contact for reference?			
Dates Employed: To: From:	Compensation: \$ per  Hourly Salary			
Summarize type of work performed and job responsibilities:				
What did you like most about your position?				
What were things you liked least about the position?				
Employer	Telephone Number			
Street Address	City, State, Zip			
Starting Job Title/Final Job Title	Why did you leave?			
Immediate Supervisor and Title	May we contact for reference? ☐ YES ☐ NO ☐ Later			
Dates Employed:	Compensation: \$ per			
To: From:	☐ Hourly ☐ Salary			
Summarize type of work performed and job responsibilities:				
What did you like most about your position?				
What were things you liked least about the position?				

### AN EQUAL OPPORTUNITY EMPLOYER

nmarize any special training skills, licens lying.	es and/or certificate	es that may assist you in perform	ning the positio	n for which you are
ducational Background				
arting with your most recent school at	tended, provide t	he following information.		
School (include City & State)	Years Completed	Completed	GPA	Major/Minor
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ Other		
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate ☐ Other		
		☐ Diploma ☐ GED ☐ Degree ☐ Certificate		

## References

List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Years Known

#### **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify	that I hav	e read, full	y understand a	and accept	all terms of	of the forego	ing Apr	olicant Statemen	١t.

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Signature of Applicant	Date