

## Personal Information

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First Middle*

**Address:** \_\_\_\_\_  
*Street Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

**Phone:** ( ) \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

Are you under 18 years of age?  Yes  No If yes, list birth date: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Do you have any objection to working overtime if necessary?  Yes  No

How were you referred to us? \_\_\_\_\_

Have you ever worked for this company before?  Yes  No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

## Employment Desired

**Position Applying for:** \_\_\_\_\_ **Full or Part Time:** \_\_\_\_\_

**Date Available:** \_\_\_\_\_ **Desired Salary:** \_\_\_\_\_

Please indicate the days and hours that you would be available to work:

Monday  Yes  No Hours: \_\_\_\_\_

Tuesday  Yes  No Hours: \_\_\_\_\_

Wednesday  Yes  No Hours: \_\_\_\_\_

Thursday  Yes  No Hours: \_\_\_\_\_

Friday  Yes  No Hours: \_\_\_\_\_

Saturday  Yes  No Hours: \_\_\_\_\_

Sunday  Yes  No Hours: \_\_\_\_\_

## Education

**High School:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate?  Yes  No

**College:** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate?  Yes  No Degree: \_\_\_\_\_

**Other (specify):** \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate?  Yes  No Degree: \_\_\_\_\_

Do you have any professional licenses, certifications or designations? \_\_\_\_\_

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

## References

*Please list three names of persons not related to you as references.*

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Company (if applicable):** \_\_\_\_\_

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

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Company (if applicable):** \_\_\_\_\_

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

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Company (if applicable):** \_\_\_\_\_

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

Address: \_\_\_\_\_

## Employment History

*Please list former employers, starting with the most current first.*

**Company:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**Company:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**Company:** \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Job Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

## Military Service

Branch: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

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## Disclaimer and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever such misrepresentation or material omission may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I certify that my answers are true and complete to the best of my knowledge.

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

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