

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

Position Applied for: _____ Desired Salary: \$ _____

Are you legally authorized to work in the United States? YES NO Date available to start: _____

Will you travel if this position requires it? YES NO What percentage of time/when? _____

Will you work overtime if required? YES NO If no, please explain: _____

Have you submitted an application here before? YES NO If yes, give date(s) and position(s): _____

If you are under 18 and it is required, can you furnish a work permit? YES NO

Have you ever worked for this company? YES NO If yes, give dates: From: _____ To: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Need more information about the job's essential functions to respond. <input type="checkbox"/>
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The question above is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or what accommodation is necessary. These issues may be addressed to the agent at a later stage as permitted by law.

Education

High School: _____ City and State: _____
YES NO
 From: _____ To: _____ Did you graduate? Diploma: _____

College: _____ City and State: _____
YES NO
 From: _____ To: _____ Did you graduate? Degree: _____

Other: _____ City and State: _____
YES NO
 From: _____ To: _____ Did you graduate? Degree: _____

Previous Employment

Please list your three most recent employers beginning with the most current.

Employer:	Telephone #		Month	Year	Month	Year
		Dates employed: _____ / _____ / _____				
City and State:	Job Title:	Compensation (Starting)				
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Supervisor and Title:	May we contact for reference?	Compensation (Final)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Reason for Leaving:						
What did you like most about your position?						
What were the things you like least about the position?						

Employer:	Telephone #		Month	Year	Month	Year
		Dates employed: _____ / _____ / _____				
City and State:	Job Title:	Compensation (Starting)				
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Supervisor and Title:	May we contact for reference?	Compensation (Final)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Reason for Leaving:						
What did you like most about your position?						
What were the things you like least about the position?						

Employer:	Telephone #		Month	Year	Month	Year
		Dates employed: _____ / _____ / _____				
City and State:	Job Title:	Compensation (Starting)				
		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Supervisor and Title:	May we contact for reference?	Compensation (Final)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
Reason for Leaving:						
What did you like most about your position?						
What were the things you like least about the position?						

Employment History cont.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed above, have you ever been fired or asked to resign from a job?

YES NO

If yes, please explain. _____

Disclaimer and Signature

I certify that all information I have provided is true, complete and correct. I understand that any offer of employment I receive may be contingent upon completion of a background examination.

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 for employment on any basis prohibited by applicable local, state or federal law.

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 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 Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization 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.

Signature: _____

Date: _____