

FOR MANAGEMENT USE ONLY

DATE APPLICATION RECEIVED _____ ADP PIECES PT FT ONC TEMP EMPLOYEE # _____

INTERVIEWED BY _____ DATE HIRED _____ RATE _____ DEPT _____

Application for Employment

This Company is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, ethnicity, ancestry, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or any protected classification.

Name: _____ Date: _____
(First) (Middle) (Last)

Address: _____
(Street) (Apt. #) (City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Email Address _____ Fax #: _____

Social Security Number: _____ Date Available for Employment: _____

Position for which you are applying: _____

Please indicate when you are available to work, by checking the box next to the following phrase:

Full-Time Part-Time Temporary Days Evenings Weekends All

Referral Source: Advertisement Employee Walk-in Agency Other: _____

Are you currently employed? Yes No May we contact your current employer? Yes No

May we contact your previous employers? Yes No Please indicate any exception and the reason you do not wish us to contact them: _____

Have you ever been employed by this Company? Yes No

If yes, please give dates of employment and position held: _____

Do you have relatives currently employed by this Company? Yes No

If yes, please give their name and department: _____

If hired, can you provide proof that you are eligible to legally work in the United States? Yes No

You will be required to provide proof of your identity and authorization to work, within 72 hours of employment.

Are you below the age of eighteen (18)? Yes No If yes, can you provide a work permit? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job you are applying for, either with or without reasonable accommodation? Yes No

EDUCATION

	Name and Address	Did you graduate?	Degree/Diploma or certificate	Major Course of study?	Number of years completed?
High School					
College & Other Training					

EMPLOYMENT HISTORY

List your previous job experience. Use a separate sheet if additional space is needed. Explain any gaps in employment history. Please identify any other names used while employed at the listed companies. **A resume may not be submitted as a substitute to filling out this section.**

Current or Previous Employer: _____

Address: _____

Telephone Number: _____ Name of Immediate Supervisor: _____

Dates Employed: From _____ to _____

Job Title and Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Telephone Number: _____ Name of Immediate Supervisor: _____

Dates Employed: From _____ to _____

Job Title and Description of duties: _____

Reason for leaving: _____

Previous Employer: _____

Address: _____

Telephone Number: _____ Name of Immediate Supervisor: _____

Dates Employed: From _____ to _____

Job Title and Description of duties: _____

Reason for leaving: _____

Work Related Skills: (Please list experience with computers, software programs, office equipment, language skills, etc.):

Read carefully before initialing the following statements:

- ___ I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume or verbal discussions relating to my consideration for employment are true and complete to the best of my knowledge.
- ___ I authorize all persons, education institutions, past and/or current employers and other organizations named in this application to provide you with any relevant information that may be required to make an employment decision.
- ___ I understand that if employed by you, such employment is for no specified term. Employment is "at will" and can be terminated at any time by either party, with or without cause and with or without notice. I also understand and agree that no interviewer, employee, officer or other representative of the company, other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing "at will" employment. I understand that any such agreement must be in writing.
- ___ I understand and agree that any material misrepresentation or omission of a fact on my application and/or resume may result in refusal of employment, or if employed, termination of employment.
- ___ I understand and agree that at times overtime may be mandatory, although management makes an effort to accommodate individual preferences.
- ___ I agree to protect the Company's confidential information and not to disclose Company or the Company's client information to others.

Signature of Applicant: _____ **Date:** _____

EMERGENCY CONTACT INFORMATION: (in case you get injured or fall ill)

Name: _____ Phone: _____