

## EMPLOYMENT APPLICATION

If you need accommodation to complete the application process, please advise us. We appreciate the time you spend filling in this application; all portions must be completed. We use this information to help us make the best possible placement in our organization. In accordance with state and federal laws, our organization does not discriminate on the basis of age, race, religion, color, sex, sexual orientation, national origin, marital status, physical or mental disability, medical condition, or any other characteristic protected by state or federal law. **Please answer each question completely and accurately.**

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

### EDUCATION

High School	Address		
From-To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
From-To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
From-To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### PROFESSIONAL HISTORY

Professional Licenses and Certifications				
Skills and Abilities	Typing / WPM	Personal Computer Skills	10 Key Calculator	Other_____

### REFERENCES

Please list three people other than relatives that know of your qualifications for the position(s) for which you are applying.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT** List current or most recent employment first and continue in that sequence.

Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From-To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From-To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From-To	Reason for Leaving		
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Previous Employment information must be completed even if you are attaching a resume.****PERIOD OF UNEMPLOYMENT** Please identify and explain all periods of unemployment in excess of one month in the past ten years.

From-To	Reason for Leaving
From-To	Reason for Leaving

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date