



Employment Application

Position Sought: _____

How did you learn about the position? _____

Name (First MI Last) _____ Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Other Phone _____

Social Security Number: _____ Driver License Number: _____

Email Address: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

Yes No

Have you ever been convicted of a felony?

Yes No If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes No If yes, please describe circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test and periodic screening during employment?

Yes No

EDUCATION				
School Name	Location	Years Attended	Degree/Diploma Received	Major

Military Service Yes No

Duties/Specialized Training _____

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking:

EMPLOYMENT HISTORY

(Most Recent First)

1. Employer _____
 Address _____ City _____ State _____
 Position _____
 Dates Employed _____ to _____

Supervisor _____ Phone Number _____
Starting Pay/Salary _____ Ending Pay/Salary _____
Duties Performed _____

Reason for Leaving _____

2. Employer _____
Address _____ City _____ State _____
Position _____
Dates Employed _____ to _____
Supervisor _____ Phone Number _____
Starting Pay/Salary _____ Ending Pay/Salary _____
Duties Performed _____

Reason for Leaving _____

3. Employer _____
Address _____ City _____ State _____
Position _____
Dates Employed _____ to _____
Supervisor _____ Phone Number _____
Starting Pay/Salary _____ Ending Pay/Salary _____
Duties Performed _____

Reason for Leaving _____

4. Employer _____
Address _____ City _____ State _____
Position _____
Dates Employed _____ to _____
Supervisor _____ Phone Number _____
Starting Pay/Salary _____ Ending Pay/Salary _____
Duties Performed _____

Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

PLEASE ATTACH RÉSUMÉ