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| **Personal Information** | | | | | | | |
| Name  (Last, First MI) | | | | | | | |
| Address | | | | | | | |
| City, State Zip | | | | | | | |
| Home Phone Number | | Primary? | Cell Phone Number | | | | Primary? |
| Email Address | | | | | | | |
| Driver’s License *(if job involves any driving)*  number , state, expiration | | | | | | | |
| **Employment Desired** | | | | | | | |
| Position applied for: | | | | How did you hear about this position? | | | |
| Date available for work | | | | | | | |
| Availability: (please check all that apply)  Mornings  Afternoons  Evenings  Saturdays Sundays  Fulltime  Part time | | | | | | | |
| **Education** | | | | | | | |
|  | Name and Address of School | | | Course of Study | Total Years Study | Degree / Diploma | |
| High School |  | | |  |  |  | |
| Undergraduate College |  | | |  |  |  | |
| Graduate / Professional |  | | |  |  |  | |
| Other (Specify) |  | | |  |  |  | |

Please complete the application as thoroughly as possible. If completing on the computer, please use the TAB key to advance throughout the application. Do not include any information that would identify any protected information such as race, religion, gender, national origin, ancestry, age, disability or any other protected status.

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| **Employment History** | | | | | | | |
| List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  Yes  No | | | | | | | |
| 1. | Employer (current  Yes  No) | | Dates of employment:        - | | | | |
| Address: | | | City, State Zip | | | Reason for Leaving: | |
| Phone Number: | | | Supervisor: | | | | |
| Job Position: | | | Email Address for Supervisor: | | | | |
| Essential Functions: | | | | | | | |
| 2. | Employer (current  Yes  No) | | Dates of employment:        - | | | | |
| Address: | | | City, State Zip | | | Reason for Leaving | |
| Phone Number: | | | Supervisor: | | | | |
| Job Position: | | | Email Address for Supervisor: | | | | |
| Essential Functions: | | | | | | | |
| 3. | Employer (current  Yes  No) | | Dates of employment:        - | | | | |
| Address: | | | City, State Zip | | | Reason for Leaving | |
| Phone Number: | | | Supervisor: | | | | |
| Job Position: | | | Email Address for Supervisor: | | | | |
| Essential Functions: | | | | | | | |
| **Additional Information** | | | | | | | |
| Have you ever been employed with this company before?  If Yes, when? | | | | | | | Yes  No |
| Do you have any friends or relatives employed by this company?  If Yes, please provide their names and relationships to you. | | | | | | | Yes  No |
| Are you currently employed? | | | | | | | Yes  No |
| Are you currently on “lay off” status and subject to recall? | | | | | | | Yes  No |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | | | | | | | Yes  No |
| If hired, can you provide proof of your legal right to work in the U.S.? | | | | | | | Yes  No |
| Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? | | | | | | | Yes  No |
| If hired, would you be able to travel or work overtime as needed? | | | | | | | Yes  No |
| Have you ever been convicted of a felony or misdemeanor? (This will not necessarily disqualify you from employment) If yes, please explain: | | | | | | | Yes  No |
| List any professional, trade business or civic activities and offices held that would be relevant to the position. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status. | | | | | | | |
| List any languages other than English that you can speak, read or write that could be of benefit to the position applied for: | | | | | | | |
|  | | Fluent | | Good | Fair | | |
| Speak | |  | |  |  | | |
| Read | |  | |  |  | | |
| Write | |  | |  |  | | |

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| **Additional Information** | | | | | |
| Identify formal training that relates to this position: | | |  | | |
| Identify what skills or certification you possess related to this position: | | |  | | |
| If you are hired, what value would you add to our company? | | |  | | |
| Additional space provided to expand on any points or questions asked previously in this application. | | | | | |
| **References** | | | | | |
| Name | | Phone Number | | Email Address | Yrs Known |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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| Signature |  | Date |  |