



Application For Employment

Name _____ Phone Number _____

Address _____ Apt# _____ City _____ State _____ Zip _____

Are you 18 years or older? Y or N

Position Desired _____ Date you can Start _____ Salary Desired _____

Are you currently employed? Y or N If so, may we inquire of your present employer? Y or N

Have you worked for this company before? Y or N If so, Where? _____ When? _____

Reason for leaving _____

Who referred you to this company? _____

Education

High School _____ Location _____ Graduate? Y or N

College _____ Location _____ Graduate? Y or N

List any special skills or research work _____

Former Employers

Present or Last Employer _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Supervisor _____ Title _____ Phone # _____

May we contact your supervisor? Y or N Reason For Leaving _____

Previous Employer _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Supervisor _____ Title _____ Phone # _____

May we contact your supervisor? Y or N Reason For Leaving _____

Personal References

Name _____ Ph # _____ Years Known _____

Name _____ Ph # _____ Years Known _____

Name _____ Ph # _____ Years Known _____

Have you been convicted of a felony within the last 5 years? Y or N

If so, please explain (will not exclude you from consideration) _____

I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained therein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result in utilization of such information.

I also understand and agree that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability—related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature _____ Date _____

Availability

Below, please list any times that you **CANNOT WORK** (classes, other job, etc.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday