Application for Employment

We are an "at will" equal opportunity employer and do not unlawfully discriminate in employment. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name: _____ Today's Date: _____ Phone Number:_____

Address: _____ City: _____State: _____ Zip: _____

Type of position applying for: _____ Date you will be available to start work: _____
Are you able to meet the attendance requirements? Yes ☐ No ☐
Can you work overtime if necessary? Yes ☐ No ☐ Can you travel if required by this position? Yes ☐ No ☐
If you are under 18, can you furnish a work permit if it is required? Yes ☐ No ☐
If you are under 18, can you furnish a work permit if it is required? Yes ☐ No ☐
Have you ever been convicted of a felony crime? Yes ☐ No ☐
If yes, please explain (a conviction will not automatically bar employment):
_____

Do you have a valid driver's license? Yes ☐ No ☐ DL#: _____
How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____Position held: _____
Address: _____City: _____ State: _____ Zip:_____
Immediate supervisor and title: _____Phone: _____
Dates employed: From _____ to _____ Job summary: _____
_____
Reason for leaving: _____

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Address: _____City: _____ State: _____ Zip:_____
Immediate supervisor and title: _____Phone: _____
Dates employed: From _____ to _____ Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, relationship, and years known (do not include family members or relatives).

Name: _____ Phone: _____ Relationship: _____ Years Known:

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Acknowledgment and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____