



Employment Application

Please fill out the information below and make a copy for your records

PERSONAL INFORMATION

DATE

| | | | | |
|------------------------|------|------|--------------------------------|-----|
| NAME (LAST NAME FIRST) | | | SOCIAL SECURITY NO. --- --- | |
| PRESENT ADDRESS | APT. | CITY | STATE | ZIP |
| PERMANENT ADDRESS | APT. | CITY | STATE | ZIP |
| HOME PHONE NUMBER | | | REFERRED BY | |
| DATE OF BIRTH | | | EMAIL | |

EMPLOYMENT DESIRED

| POSITION | SALARY DESIRED | DATE YOU CAN START |
|--|---|--------------------|
| ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> | IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE YOU ARE AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

EDUCATION

| NAME AND LOCATION OF SCHOOL | YEARS COMPLETED | DID YOU GRADUATE | SUBJECTS STUDIED |
|-----------------------------|-----------------|------------------|------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TECHNICAL OR OTHER | | | |

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME OF EMPLOYER | PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|------------------|--------------|--------|----------|--------------------|
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |



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APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I understand that any offer will made contingent on the results of a criminal background check.

Signature

Date

| | | |
|-----------------------------------|------------------|-------------------------------|
| For Client Office Use Only | | |
| Status | Full-Time | Part-Time |
| Hours p/wk | _____ | (average) |
| Benefit Eligible | Yes | No |
| Dept. | _____ | Starting Date __/__/__ |
| Salary \$ | _____ | |
| Work State | _____ | |