

# Application for Employment

It is this employer's policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this application form, please let us know, and we will provide assistance.

Title of Specific Position for Which You Are Applying		Date of Application	Date Available for Work
Last Name		First Name	Middle Initial
Mailing Address		City	State      Zip
Email Address	Are you 18 years of age or over?		Residence Phone
County of Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No		Business Phone

## Education

Did you graduate from high school or receive a GED?  
 No     Yes    School Attended

Name and Location of College, University, Technical Schools	Did you Graduate?	# of Years (7-20)	
		Certificate or Degree	Course of Study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
Principal Responsibilities						
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.						

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
Principal Responsibilities						
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.						

Employing Firm	From	Month	Year	To	Month	Year
Address	Reason for Leaving					
Phone Number	Supervisor					
Your Title	Supervisor's Title					
Principal Responsibilities						
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, explain.						

Are you willing to work overtime?	What shift would you prefer? (If applicable)	Are you willing to work other shifts?	No	Yes
Yes    No	1st                  2nd                  3rd	If Yes, what shifts?	1 <sup>st</sup>	2nd    3rd

**Job Relevant Volunteer and Unpaid Work Experience**

Kind of Volunteer Activity (Do not specify organization.)	Major Responsibilities	# Hours/Week	Length of Service

Describe any additional experience or training that qualifies you for this job

**References**

(Give us the names of three people outside of relatives who can be contacted regarding your qualifications, work habits and character.)

Name	Present Address	Phone	Position and relation to your work

**Military**

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty?     Yes     No

In connection with this application for employment, I authorize the employer and any agent acting on it's behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes                       Yes, but not present employer until job is offered.                       No (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.

Date \_\_\_\_\_ Signature (Do not print) \_\_\_\_\_