



EMPLOYMENT APPLICATION Tobacco-Free Workplace

EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

(Please Print all Information)

Position Applied For: _____ Date ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ Mobile/Other (____) _____ E-Mail _____

If you are under 18, can you furnish a work permit? Yes ____ No ____

How were you referred? _____ Please list any family/friends in our employment: _____

Do you have a non-compete/non-disclosure agreement with any of your previous employers? Yes ____ No ____

Have you ever been employed here before? Yes ____ No ____ If yes, give dates and position _____

Are you legally eligible for employment in this country? Yes ____ No ____

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired ____ Full-Time ____ Part-Time ____ Temporary ____ Seasonal ____ Educational Co-Op

Have you ever pled "guilty" or "no contest" to, or been convicted of, a crime? Yes ____ No ____

If yes, please provide date (s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's License number (if driving is an essential job function) _____ State _____

Permission for DMV record to be ran? Yes ____ No ____ Signature _____

EMPLOYMENT HISTORY

(Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent).

Employer _____ Telephone # (____) _____

Address _____

From _____ To _____
MO/YR MO/YR

Starting Job Title _____ Starting Pay _____ Per _____

Final Job Title _____ Starting Pay _____ Per _____

Immediate Supervisor _____ Title _____

Summarize the nature of work performed and job responsibilities. _____

Reason for Leaving _____ May we contact for reference? Yes ____ No ____ Later ____

Employer _____ Telephone # (____) _____

Address _____

From _____ To _____
MO/YR MO/YR

Starting Job Title _____ Starting Pay _____ Per _____

Final Job Title _____ Starting Pay _____ Per _____

Immediate Supervisor _____ Title _____

Summarize the nature of work performed and job responsibilities. _____

Reason for Leaving _____ May we contact for reference? Yes ____ No ____ Later ____

