

# EMPLOYMENT APPLICATION

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Address City State Zip

Telephone Number(s) \_\_\_\_\_

Best Time to Contact you at home is: \_\_\_\_\_ SS # (voluntary) \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Are you currently employed?  YES  NO

Are you opposed to taking a polygraph test if requested?  YES  NO

Are you opposed to Drug Screening prior to employment?  YES  NO

Are you opposed to Random Drug Testing during employment?  YES  NO

May we contact your present employer?  YES  NO

May we contact your previous employer(s)?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

Date available to work: \_\_\_\_\_ What is your desired salary? \_\_\_\_\_

Are you available to work:

- Full Time  Mornings  
 Part Time  Afternoons  
 Temporary  Evenings

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Is there any special scheduling information we should know about?  
 (School Scheduling, Other Jobs, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

School	Name	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

## Personal/Professional References

Please do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Please See Reverse Side

# Please List all places you have been employed for the last three years

(If more space is needed, please add extra pages)

LAST Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
May we contact him/her?			
Reason for leaving			

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
May we contact him/her?			
Reason for leaving			

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
May we contact him/her?			
Reason for leaving			

Please include any additional information you feel may be helpful to us in considering your application.

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I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_