

# EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

## PERSONAL INFORMATION:

Date \_\_\_\_\_ Start Date \_\_\_\_\_

Full Time  Part Time  Temporary Referral Source \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Form of Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY:** To be employed by \_\_\_\_\_, you must meet certain state and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you legally qualified to work in the United States?  YES  No

If no, please explain details in full:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years?

Yes  No

If Yes, please provide full details, including dates, places, amounts involved and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

**MILITARY SERVICE**

: (A copy of a report of separation from the Armed Services may be required)

1. Are you a veteran?  YES  NO If yes, list type of discharge: \_\_\_\_\_

2. Dates of service (From/To) \_\_\_\_\_

3. Are you a surviving spouse of a veteran who has not remarried?  YES  NO Are you a surviving orphan of a veteran?  YES  NO If yes, dates of service for veteran: \_\_\_\_\_

**BUSINESS REFERENCES:** Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
How long: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**LANGUAGE SKILLS:** Check any which apply to you.  Multilingual (Specify languages)   
Sign Language

**LICENSING/CERTIFICATION:** If a license or certification is required or related to the position for which you are applying, complete the following:

<i>License</i>	<i>Date Issued</i>	<i>Date Expires</i>	<i>Issuer/Location of Issuing Authority</i>	<i>License No.</i>

**SPECIAL SKILLS:** Describe any special skills or qualifications for this work:

