



# Employment Application

Position applying for: \_\_\_\_\_

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
 Last First Middle  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

Yes  No

If necessary for the job are you older than:

14  15  16 (Check one)

18  19  21

I am legally eligible for employment in the US?

Yes  No

I am seeking a permanent position:  Yes  No

**I will be able to report to work \_\_\_\_\_ days after being notified I am hired.**

Work overtime?  Yes  No

Provide a valid Driver's License?  Yes  No

If so, fill out the following: Issuing state: \_\_\_\_\_

Do you have reliable transportation?  Yes  No

**MEDICAL DISCLAIMER:** Do you have any

medical issues or conditions?  Yes  No

Please explain \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent 3 years of employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here. In the summary following this section or on an extra sheet of paper if necessary.

Employer name and address: _____ _____	Position title/duties, skills: _____ _____	Start date: _____	End date: _____
Pay: \$ _____ Per: _____	Supervisor: _____ Telephone: _____	Reason for leaving: _____ _____	
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Summarize other employment related to this job:

### EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

### MILITARY

Are you a veteran?  Yes  No

Duty/specialized training: \_\_\_\_\_

### SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

### REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
Name	Address	Telephone	Occupation	Years known

### EMERGENCY CONTACT

In case of accident or illness Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. By signing this form you are agreeing to "At Will" Employment. You are subject to random drug screening. You will be required to supply your birth certificate or other proof of authorization to work in the United States. Must be able to regularly kneel, bend, twist in addition to carry, lift or move 80 pounds of weight. By signing, I understand and agree to the information shown above.

Signature of Applicant

Date

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.