

# Application for Employment

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? \_\_\_ Yes \_\_\_ No

## EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
HighSchool	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

## EMPLOYMENT RECORD

Company Name and address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## U.S. MILITARY SERVICE

Branch of Service \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name/ Occupation/ Years/ Known Address

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_

What Days and Hours are you available to work? \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization? \_\_\_\_ Yes \_\_\_\_ No

Please Specify : \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? \_\_\_\_ Yes \_\_\_\_ No Please Specify : \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_