

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Personal Data

Name (last, first, middle)

Date

Address

City

State

Zip Code

Cell Phone ()

Home Phone ()

Email Address

If employed, can you provide proof of authorization to work in the U.S.?

Yes No

Position(s) applying for:

Referred by

Ad

Friend

Relative

Agency

Other

Emergency Contact Relationship and Phone

Education Record

High School:

Did you graduate?

Yes No

College/University:

Degrees or Diplomas

Years attended 1 2 3 4

Trade or Technical Training:

Degrees or Diplomas

Special Skills

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

Employment History (begin with most recent employer)

Date Month & Year	Name & Address of Employer	Position	Reason for Leaving
FROM: TO:			
FROM: TO:			
FROM: TO:			

Personal Data

Have you been employed here before? Yes No

May we contact your current employer? Yes No

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Applicant's Signature

Date

-----**DO NOT WRITE BELOW THIS LINE**-----

Remarks: _____

Hired: yes no

Department: _____

Position: _____

Full-Time _____ Part-time _____

Salary or Hourly Wage Rate: _____

Department Head Signature: _____