



## Employment Application

1. **Position Applied For:** \_\_\_\_\_

2. **Social Security No.:** \_\_\_\_\_

3. **Full legal Name:**

Last Name	First	Middle
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4. **Home Phone:** (    )                      Business Phone    (    )

5. **Street Address:** \_\_\_\_\_

City	State	Zip
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6. **E-mail Address:** \_\_\_\_\_

**7. Education:**

7a. Highest school grade completed:    1 2 3 4 5 6 7 8 9 10 11 12

7b. Do you have a high school equivalency diploma:     Yes                       No

7c. Number of years of post high school education:    1 2 3 4

8. Name and Location of Educational Institution:	Degree Received	Major / Specialty	Dates Attended
8a. _____	_____	_____	_____
8b. _____	_____	_____	_____
8c. _____	_____	_____	_____

**9. If you plan to complete an educational program in the future, then indicate the degree or program to be completed**

9a. Completion Date: \_\_\_\_\_

**10. Work Experience:** Start with the most recent work experience. Describe all traditional, military and voluntary work experience. Describe your knowledge, skills and abilities that demonstrate your qualifications for the position for which you are applying.

10a. Job Title \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Job Duties:

Supervisor / Manager \_\_\_\_\_  
 Title \_\_\_\_\_  
 Final Salary \_\_\_\_\_  
 Dates (Month/ Year) \_\_\_\_\_ To \_\_\_\_\_  
 Hours/week \_\_\_\_\_

Reason for leaving

10b. Job Title \_\_\_\_\_  
 Employer Name \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

Job Duties:

Supervisor / Manager \_\_\_\_\_  
 Title \_\_\_\_\_  
 Final Salary \_\_\_\_\_  
 Dates (Month/ Year) \_\_\_\_\_ To \_\_\_\_\_  
 Hours / Week \_\_\_\_\_

Reason for leaving

11. **Job Skills:** Use the following space to provide any additional information that you think would be helpful in our evaluation of your job application. This can include specialized training, seminars, workshops, accreditations, special achievements or valuable skills:

12. **Licenses Held:** (including drivers) or certifications to practice a trade or profession.

Type	License Number	Granted by (licensing board)

13. **References:**

List the full name, address, phone number and relationships of up to three persons that you'd like to use as a reference:

Full Name	Address	Phone Number	Relationship

14. **Miscellaneous Information:**

14a. Which shifts are you willing to accept:  Day  Evening  Rotating  Weekends Specify shift hours \_\_\_\_\_

14b. Which job status are you willing to accept:  Full-time  Part-time \_\_\_\_\_

14c. Are you willing to travel:  No  Yes      14d. Are you willing to relocate?:  No  Yes

14e. Please indicate your geographic preferences: \_\_\_\_\_

15. **Compliance** with the Immigration Reform and Control Act requires that you are you legally eligible for employment in the  Yes  No.

Please note that under the Immigration Reform and Control Act of 1986, that you may be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. You may also be will be required to provide documentation that you should

16. **Veteran Status:** Are you a veteran who received an honorable discharge and has:

1. Provided more than 180 consecutive days of full time active duty in the armed forces of the United States or reserve components, including more than the National Guard?, or
2. Have a military service disability rating fixed by the United States Veterans Affairs?  
 Yes  No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  Yes  No

17. **Prior Convictions:**

17a. Have you ever been convicted of any violation of law, including moving traffic violations:  Yes  No  
If yes, then please provide the following:

Describe the Offense :  
Statute / Ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
County, City, and State of \_\_\_\_\_

18. **Work Start Date:** When will you be available to start work? If you are available as soon as you given two weeks notice, then no dates are necessary.

\_\_\_\_ Month \_\_\_\_ Day \_\_\_\_\_ Year

19. **What do you hope to achieve personally through this position?**

20. **Describe your personality:**

20. **Job Application Certification:**

I hereby certify that all entries on this job application and any attachments are true and complete. I also agree and understand that any falsification this information may result in my forfeiture of employment.

I understand that all information on this job application is subject to verification and I consent to criminal history and background checks. I also agree that you may contact references and educational institutions listed on this application

Dated \_\_\_\_\_ Job Applicant Signature \_\_\_\_\_