

# Employment Application

Pre-Employment Questionnaire – Equal Opportunity Employer

## Application Information

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Full Name:	Last	First	Middle
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Address:	Street	City	State	Zip
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Phone/Mobile:	Email:	Date of Birth: / /
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Social Security Number:	Driver's license number (if applicable to position):
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Date of Interview:	Date Available to Start:
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Position Applied for:	Desired Salary:
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 Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

How you were referred to us?

 Are you a citizen of the United States?  Yes  No      If no, are you authorized to work in the U.S.?  Yes  No

 Have you ever worked/applied for this company?  Yes  No      If yes, when?

 Have you ever been convicted of a felony?  Yes  No      If yes, explain:

Answering yes to these questions does not constitute an automatic rejection for employment.

## Education

High School:	Address:
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From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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College:	Address:
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From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other:	Address:
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From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## References

Full Name:	Relationship:
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Company Name & Address:	Phone:
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Address:	Street	City	State	Zip
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Full Name:	Relationship:
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Company Name & Address:	Phone:
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Address:	Street	City	State	Zip
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Full Name	Relationship:
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Company Name & Address:	Phone:
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## Summary of Skills & Qualifications

## Previous Employment (begin with most recent position)

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

May we contact this employer for a reference? Yes No

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

May we contact this employer for a reference? Yes No

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

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

May we contact this employer for a reference? Yes No

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer & Signature

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_