

## Employment Application

POSITION APPLIED FOR		
TODAY'S DATE	DATE AVAILABLE	DESIRED SALARY
FULL NAME		AKA
CURRENT ADDRESS		HOW LONG?
PREVIOUS ADDRESS		HOW LONG?
HOME PHONE	CELL PHONE	EMAIL

### GENERAL INFORMATION

DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION?	YES	NO
DO YOU HAVE A VALID DRIVER'S LICENCE?	YES	NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? (PROOF WILL BE REQUIRED)	YES	NO
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? IF YES, PLEASE EXPLAIN IN THE BOX BELOW.	YES	NO
WERE YOU REFERRED TO THIS POSITION BY ANYONE? IF SO, PLEASE EXPLAIN BELOW.	YES	NO
HAVE YOU BEEN CONVICTED OF A FELONY OR SERIOUS MISDEMEANOR IN THE LAST SEVEN YEARS? IF YES, LIST BELOW THE NATURE OF THE CRIME, WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE.	YES	NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB THAT YOU ARE APPLYING FOR? LIST BELOW ANY REASONABLE ACCOMMODATIONS.	YES	NO
ARE YOU ABLE TO WORK OVERTIME?	YES	NO
EXPLANATION:		

### EDUCATION AND SKILLS

NAME OF SCHOOL	CITY AND STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?	
DO YOU HAVE ANY SPECIAL LICENSES, CERTIFICATES, OR SPECIAL TRAINING? IF SO, PLEASE LIST IN THE BOX ON THE NEXT PAGE.			YES	NO
DO YOU HAVE ANY SPECIAL SKILLS NOT LISTED THAT ARE RELEVANT TO THIS POSITION? IF SO, PLEASE LIST IN THE BOX ON THE NEXT PAGE.			YES	NO
ARE YOU PROFICIENT WITH MICROSOFT WORD AND EXCEL?			YES	NO

SPECIAL:

**EMPLOYMENT HISTORY**

Begin with your most recent employment and continue with 7 years of past employment (attach additional sheets if necessary).

EMPLOYER	FROM	TO	JOB TITLE
NAME OF COMPANY			DESCRIBE YOUR DUTIES
ADDRESS	STARTING SALARY	\$	
TELEPHONE	ENDING SALARY	\$	
NAME & TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER?

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NAME OF COMPANY			DESCRIBE YOUR DUTIES
ADDRESS	STARTING SALARY	\$	
TELEPHONE	ENDING SALARY	\$	
NAME & TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER?

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TELEPHONE	ENDING SALARY	\$	
NAME & TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING		MAY WE CONTACT YOUR EMPLOYER?

**REFERENCES**

Please name 4 business references, who you have known for at least one year.

NAME	BUSINESS NAME	PHONE NUMBER/EMAIL	YEARS ACQUAINTED

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I certify that all answers given by me are true, accurate, and complete. I understand that any falsification or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I further certify that I, the undersigned applicant, have personally completed this application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, or pregnancy, and any and other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. California only: Applicants may omit any convictions for the possession of marijuana that are more than two years old, and any information or referral to, and participation in, a pretrial or post trial diversion program.

I understand that nothing contained in this application, or conveyed during any interview, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is at will, for no definite or determinable time period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application.

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APPLICATION SIGNATURE

PRINTED NAME

DATE