



Please Print

# Application for Employment

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*An Equal Opportunity Employer - We consider all applicants for positions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard/marital or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of unlawful criteria.*

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-In  Private Employment Agency  Other \_\_\_\_\_  
Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile #(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

If necessary, the best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ AM / PM

May we contact you at work ? \_\_\_\_\_  Yes  No

If yes, please provide work number and best time to call: (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ AM / PM

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If yes, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give dates: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for work in this country? \_\_\_\_\_  Yes  No

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your salary range? \_\_\_\_\_

Type of employment desired: \_\_\_\_\_  Full-Time  Part Time  Temporary  Seasonal

Will you relocate if the job requires it? \_\_\_\_\_  Yes  No Will you travel if the job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime if required?  Yes  No If no, please explain: \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  Yes  No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? \_\_\_\_\_  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Driver's license number if driving is an essential job function: \_\_\_\_\_ State: \_\_\_\_\_

## Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

Employer ( )	Telephone # ( )	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State			
Starting Job Title/Final Job Title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate Supervisor and Title		Commission/Bonus \$			
Reason for Leaving		Compensation (Final)			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Summarize the type of work performed and job responsibilities.		Commission/Bonus \$			
Employer ( )	Telephone # ( )	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State			
Starting Job Title/Final Job Title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate Supervisor and Title		Commission/Bonus \$			
Reason for Leaving		Compensation (Final)			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Summarize the type of work performed and job responsibilities.		Commission/Bonus \$			
Employer ( )	Telephone # ( )	Dates Employed	Month / Year	to	Month / Year
Street Address	City	State			
Starting Job Title/Final Job Title		Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Immediate Supervisor and Title		Commission/Bonus \$			
Reason for Leaving		Compensation (Final)			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Summarize the type of work performed and job responsibilities.		Commission/Bonus \$			

## Skills and Qualifications

Word  Excel  MS Office  PowerPoint  Internet

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

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## Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City & State)	# Years Completed	Achieved	GPA Class Rank	Major	Minor
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			

## References

List name and telephone number of three business/work references who are *not* related to you.

If not applicable, list three school or personal references who are *not* related to you.

Name	Relationship to Candidate	Email	Telephone	Number of Years Known
			( )	
			( )	
			( )	
			( )	
			( )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status.

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List any additional information you would like us to consider

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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the managing partner.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.**

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**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_