

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Name		Today's Date:						
Last		First		Middle				
Street Address:								
City	State	ZIP	_					
Main Telephone Num	ber:		Email Addres	ss:				
Social Security #:		_	Date of Birth	:				
Position(s) applying fo	or:							
How did you hear of t	his opening?		If ref	erred, by wh	o?			
When can you start? _		Desired Starting Wage \$						
provide documentatio Are you looking for fu	•	?□Yes□No	If no, what hours	s are you avai	ilable?			
<u>Education</u>	School Name and	Location		Year	Major	Degree		
High School								
College								
College								
Post-College								
Other Training			·					
In addition to your wo	rk history, are there	other skills, qual	ifications, or exper	ience that we	should consider?	•		
Employment History	(Start with most re	ecent employer)						
Company Name:								
Address:			Tele	phone:				

Date Started:	Starting Position:		
Date Ended:	Ending Position:		
Name of Supervisor:			
May we contact? ☐ Yes ☐ No			
Responsibilities:			
Reason for leaving:			
Company Name:			
Address:		Telephone:	
Date Started:	Starting Position:		
Date Ended:	Ending Position:		
Name of Supervisor:			
May we contact? ☐ Yes ☐ No			
Responsibilities:			
Reason for leaving:			
Company Name:			
Address:		Telephone:	
Date Started:	Starting Position:		
Date Ended:	Ending Position:		
Name of Supervisor:			
May we contact? ☐ Yes ☐ No			
Responsibilities:			
Reason for leaving:			

Attach additional information if necessary.
I certify that the facts set forth in this application for employment are true and complete to the best of my
knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient
cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and
employment history.
I understand that employment at this company is "at will," which means that either I or this company can terminate
the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.
All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company,
other than the president, has any authority to alter the foregoing.

Signature_____ Date _____