

Application for Employment

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Position Desired: _____ Date available? _____

☐ Full-Time ☐ Part-Time ☐ PRN/Per Diem Are you willing to work hours other than 8-5? ☐ Yes ☐ No

What days are you unable to work? _____

Are you willing to travel? ☐ Yes ☐ No If yes, what percent of time? _____

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes ☐ No If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

EDUCATION: (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? ☐ Yes ☐ No

If yes, name/ location of high school or GED institute: _____

Type of School	Name and Location	Dates Attended	Date Graduated	Degree Type
Undergraduate College or University				
Graduate School				
Technical or Vocational School				

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LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issues	Date Expires	Issued by:	License #:

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SKILLS:

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Do you speak a language other than English? ☐ Yes ☐ No

If yes, what language(s) do you speak? _____

Do you use sign language? ☐ Yes ☐ No

Have you ever been employed by this company? ☐ Yes ☐ No

Do you have any relatives employed by this company? Name and relationship: _____

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? ☐ Yes ☐ No If yes, list type of discharge: _____

Dates of Service (From/To): _____

REFERENCES

Name three persons (not related) who have knowledge of your professional qualifications and whom we have permission to contact. Preferably persons under whom you have worked.

Name	Title/Occupation	Where Employed	Contact

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EMPLOYMENT HISTORY

List All Employment Since Graduation (Present Or Most Recent Position First)

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____

Position: _____ Supervisor Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____

Position: _____ Supervisor Name: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Start Date: _____ Starting Pay: _____ End Date: _____ Ending Pay: _____

Position: _____ Supervisor Name: _____

Duties: _____

Reason for Leaving: _____

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds the employer to terminate my employment without notice. I authorize my previous employers, schools or persons named as reference to give any information regarding my employment together with information they may have regarding me, whether or not it is on their records. I agree that the named company and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby release said employers, schools or persons from all liability for any damages whatsoever for issuing this information.

Signature: _____ Date: _____