



Employment Application Form

DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. _____ - _____ - _____

Phone (____) _____

Are you under age 18 ___YES ___NO, if "YES", can you provide proof of your eligibility to work? ___YES ___NO

Are you currently authorized to work in the United States? ___YES ___NO (Proof of eligibility will be required if hired.)

Desired Position: _____

Days/Hours Available to Work:
 Any _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

Desired Wage: _____

How many hours can you work weekly? _____

Desired Employment Status: FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? No Yes

(A Conviction record will not necessarily disqualify you from employment.)

Employee Referral? No Yes

If yes, name of referral: _____



<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">MILITARY</div>			
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU NOW A MEMBER in the ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty _____ Date Entered _____ Discharge Date _____			
Work Experience	Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Name of Employer: Address: City, State, Zip Code: Contact Phone Number:	Name of Last Supervisor:	Dates of Employment: From: To:	Pay Rate or Salary: Start: Final:
Your Last Job Title:			
Reason for Leaving (be specific):			
Name of Employer: Address: City, State, Zip Code: Contact Phone Number:	Name of Last Supervisor:	Dates of Employment: From: To:	Pay Rate or Salary: Start: Final:
Your Last Job Title:			
Reason for Leaving (be specific):			
Name of Employer: Address: City, State, Zip Code: Contact Phone Number:	Name of Last Supervisor:	Dates of Employment: From: To:	Pay Rate or Salary: Start: Final:
Your Last Job Title:			
Reason for Leaving (be specific):			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation Yes _____ No _____