



# APPLICATION FOR EMPLOYMENT

An equal opportunity employer

## PERSONAL

Position you are applying for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # : \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Have you ever plead "guilty" or  Yes  No "no contest" to, or been convicted of a crime? 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.

Are you legally eligible for employment in this county?  Yes  No

Have you applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary

Date you could begin working: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

EDUCATION				
TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# YEARS ATTENDED	DEGREE
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER EDUCATION				



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## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No  Later

2. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No  Later

3. Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_  
 Employed From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No  Later

## REFERENCES

Name	Number of Years Known	Home Phone	Daytime Phone

## ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is ground for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_