



## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Are you a citizen of the United States of America? ☐ Yes ☐ No

Have you ever used another name, AKA, or alisas? ☐ No if ☐ Yes

\_\_\_\_\_

Have you applied here before? ☐ Yes ☐ No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_

Start When \_\_\_\_\_ ☐ Full time ☐ Part time ☐ Temporary ☐ Other \_\_\_\_\_

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

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Employer

1

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer

2

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer

3

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## EMPLOYMENT APPLICATION PART 2

### EDUCATION

Schools/Collages Attended:

# Years

Year Grad.

Degree

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe any special qualifications for this job:

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a veteran of the U.S. Military service? ☐ Yes ☐ No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*For Personnel Department only*

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Interview report

by \_\_\_\_\_