

APPLICATION FOR EMPLOYMENT

EOE/ADA

PERSONAL INFORMATION

Date _____

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip

Permanent Address _____
Street
City
State
Zip

Phone Number _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Referred by _____

| EDUCATION | NAME AND LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DID YOU GRADUATE | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|-------------------|------------------|
| ELEMENTARY SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

Subjects of Special Study or Certification (i.e. First Aid, CPR, Licenses) _____

Special Skills _____

Activities: (Civic, Athletic, Etc.) _____

Exclude organizations, the Name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members. _____

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

*This form had been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EECC on July 26, 1991.

(Continued on other side)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

| Date Month and Year | Name and Address of Employer | Salary | Position | Reason for Leaving |
|------------------------|------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

Which of these jobs did you like best?

What did you like most about this job?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

In case of
Emergency notify

Name

Address

Phone Number

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the agency’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the agency’s option. I also understand and agree that the terms and conditions of my employment may be changes, with or without cause, and with or without notice, at any time by the agency. I understand that no agency representative, other than it’s executive director, and then only when in writing and signed by the executive director has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Signature: _____

Date: _____