

# 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 BECC 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	Phone Number
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: \_\_\_\_\_