Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____-_____-_____

Position applied for: _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage $ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) □ Yes □ No

Are you looking for full-time employment? □ Yes □ No
If no, what hours are you available? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
  □ Yes □ No
If yes, please describe conditions. _____

_____

_____

_____

Church Affiliation: _____

Education

School Name and Location	Year	Degree Achieved
High School: _____	_____	_____

College: _____ _____ _____

College: _____ _____ _____

Post-College: _____ _____ _____

Other Training: _____ _____ _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

_____

_____

_____

_____

_____

_____

Employment History(Start with your most recent employer)
Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage: _____ Ending Position: _____
Name of Supervisor: _____
May we contact? □ Yes □ No
Responsibilities: _____

_____

Reason for Leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage: _____ Ending Position: _____
Name of Supervisor: _____
May we contact? □ Yes □ No
Responsibilities: _____

_____

Reason for Leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage: _____ Ending Position: _____
Name of Supervisor: _____
May we contact? □ Yes □ No
Responsibilities: _____

_____

Reason for Leaving: _____

Company Name: _____

Address: _____ Telephone: _____

Date Started: _____ Starting Wage: _____ Starting Position: _____
Date Ended: _____ Ending Wage: _____ Ending Position: _____
Name of Supervisor: _____
May we contact? □ Yes □ No
Responsibilities: _____

_____

Reason for Leaving: _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason no prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the superintendent, has any authority to alter the foregoing.

Signature: _____ Date: _____