# **Employment Application**

# An Equal Opportunity Employer

### (Please Print)

Position(s) Applied For			Date of Application	
How did you learn about us ar	nd if referred who referred yo	u?		
Last Name	First Nar	ne	Middle Nar	ne
Address Number S	Street C	lity	State 2	Zip
Telephone Number(s)			Social Security Nu	umber –
Have you ever been employed	with us before?			
Do any of your friends or relat If yes list names.	tives work here?			
Are you applying for:	1 Time Part Time	☐ Temporary		
What days and hours are you available for work?  Would you be available to work overtime?				
Would you be available to work weekends?  Can you travel if a job requires it?				
If hired date you can start work. If applying for temporary work, during what period of time will you be available to work?				
If hired do you have reliable transportation to and from work?				
Desired Salary?	If hired, can you present evright to live and work in thi		. citizenship or proof o	f your legal

### Employment Application Page 2

Are you currently employed?	May we contact your present employer?
Are you currently on "lay-off" status and subject to recall?	
Are you able to perform the essential functions of the job for reasonable accommodations? If no, describe the functions the ADA and consider reasonable accommodation measures that perform essential functions. Hire may be subject to passing	hat cannot be performed. (Note: We comply with the at may be necessary for eligible applicants/employees to
Have you ever been convicted of a criminal offense (felony crime(s), when and where convicted and disposition of the college on the grounds of conviction of a criminal offense. To surrounding circumstances and the relevance of the offense considered).	case. (Note: No applicant will be denied employment he nature of the offense, the

## **Education and Training**

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree / License #/ Certification	
High School					
Undergraduate College					
Graduate / Professional					
Other / (Specify)					
If licensed/certified has your license or certification even been revoked or suspended? (If yes, explain.)					
Describe any specialized job related training, apprenticeship program, skills and / or extracurricular activities.					
List any additional experience, training, qualifications or skills which you feel makes you especially suited for the position you are applying for including any professional, trade, business or civic activities and offices held?					

Employment Application Page 3

Employment History
List below all present and past employment starting with your most recent employer (last ten years is sufficient).
Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer	Telephone No.	Name of Supervisor					
	( ) -						
Address Number Street	City	State Zip					
Your position and duties							
Type of Business	Rate of Pay (Starting / Ending)	Dates of Employment (From / To)					
	/	/					
Reason for leaving							
May we contact this employer for a	reference? $\square$ Yes $\square$ No						
Name of Employer	Telephone No.	Name of Supervisor					
Traine of Employer	( ) -	Traine of Supervisor					
Address Number Street	` ´	State Zip					
Tidaless Timineer Street		State 21p					
Your position and duties							
Tour position and duties							
Type of Business	Type of Business Rate of Pay (Starting / Ending) Dates of Employment (From / Type of Business Rate of Pay (Starting / Ending)						
Reason for leaving							
May we contact this employer for a reference?   Yes  No							
N	Talankana Na	Name of Communicati					
Name of Employer	Telephone No.	Name of Supervisor					
A.1.1 N. I. Cr.	( ) -	C					
Address Number Street	City	State Zip					
Your position and duties							
Type of Business	Rate of Pay (Starting / Ending)  Dates of Employment (From /						
D 6 1 1	/	/					
Reason for leaving							
May we contact this employer for a reference? $\square$ Yes $\square$ No							

Employment Application Page 4

Employment History, continued

List below all present and past employment starting with your most recent employer (last ten years is sufficient).

Account for all periods of unemployment. You must complete this section even if attaching a resume.

N SE 1	s or unemproyment				
Name of Employer		Telephone No.	INam	e of Supervi	sor
		( ) -			
A 1.1	<b>G</b>				7.
Address Number	Street	City		State	Zip
Your position and duti	es				
Type of Business	Rate	of Pay (Starting / En	ding)	Dates of E	mployment (From / To)
Jr		/			/
					/
Reason for leaving					
May we contact this en	mployer for a refere	ence? 🗌 Yes	□ No		
Explain any gaps in er	nployment.				
D 1/D C ' 1 D C					
Personal/Professional References					
List below three persons not related to you who have knowledge of your work performance within the last three					
years.	iis not retuced to jo	www.iio.iia.vo.iiiio.wioog	, or jour work p	• • • • • • • • • • • • • • • • • • • •	W101111 0110 1400 0111 00
Name	Т	elephone No.	Occupation		No. of Years
Name	1	Elephone No.	Occupation		
	(	) -			Acquainted
Address Number	Street	City		State	Zip
Address Number	Sireei	City		Siate	$\mathbf{Z} \iota p$
Name	т	elephone No.	Occupation		No. of Years
Name	1	siephone No.	Occupation		
	(	) -			Acquainted
A 1.1 37 7	<u> </u>			<u> </u>	
Address Number	Street	City		State	Zip
	1_			-	T
Name	T	elephone No.	Occupation		No. of Years
	(	) -			Acquainted
	(	,			
Address Number	Street	City		State	Zip
Address Number	Street	City	·	State	Zip

Please	Read Carefully, Initial Each Paragraph and Sign Below
Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letter, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition,, I hereby release the company my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I hereby understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made I writing and signed by me and the company's designated representative.
Date	Applicant's Signature

Employment Application Page 2 continued

Employment History, continued

List below all present and past employment starting with your most recent employer (last ten years is sufficient).

Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer	nployer Telephone No. Name of Superv					
	( ) -					
Address Number Street	City	State Zip				
Your position and duties						
Type of Business Rate of Pay (Starting / Ending) Dates of Employment (From						
	/	/				
Reason for leaving						
May we contact this employer for a	reference? L Yes L No					
Name of Employee	Tolombono No	Name of Cumamican				
Name of Employer	Telephone No.	Name of Supervisor				
Address Number Street	City	State Zip				
Address ivumber street	City	Sinte Zip				
Your position and duties						
Tour position and duties						
Type of Business	Rate of Pay (Starting / Ending)	Dates of Employment (From / To)				
Type of Business	Rate of Fay (Starting) Bates of Employment (From /					
Reason for leaving						
May we contact this employer for a	reference? 🗆 Yes 🗀 No					
Name of Employer	Telephone No.	Name of Supervisor				
	( ) -					
Address Number Street	City	State Zip				
Your position and duties						
Type of Business	Rate of Pay (Starting / Ending)	Dates of Employment (From / To)				
		/				
Reason for leaving						
Management at this complement for a sufference 2 D V						
May we contact this employer for a reference? ☐ Yes ☐ No						