



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL	FORMER NAMES/ALIASES	
PRESENT RESIDENTIAL ADDRESS				
PHONE 1		PHONE 2	EMAIL ADDRESS	
Are you at least 18 years of age or older? Y or N			Are you authorized to work in the United States? Y or N	
Military Service? Y or N			Branch, Dates of Service, Specialized Training or Specialty?	

POSITION AVAILABLE

What position are you applying for?				
How did you learn of the position available?				
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE	
Full Time / Part Time / Temp				

EDUCATION/TRAINING

SCHOOL NAME & ADDRESS	COURSES TAKEN	DATE OF GRADUATION, IF APPLICABLE	DIPLOMA, DEGREE, or CERTIFICATE EARNED
OTHER / APPLICABLE TRAINING/SKILLS			
Please indicate days/hours of availability			

PROFESSIONAL REFERENCES

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS			
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

I agree and understand that by signing with an Electronic Signature ("e-signature") that this e-signature is the legal equivalent of my manual/handwritten signature. I further agree my e-signature on this document is as valid as if I signed the document in writing. Under penalty of perjury, I herewith affirm that my e-signature was signed by myself with full knowledge and consent and bound to this affirmation.

SIGNATURE

PRINTED NAME	SIGNATURE/E-SIGNATURE	DATE