



Date:

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Applicant Name:

Local Phone Number(s):

Social Security Number:

Mailing Address:

Are you looking for full or part -time position?

Do you have a permanent living situation in the area?

Can you be at work by 5:30AM if needed?

Can you submit proof of legal employment authorization and identity?

Employment History

Please list your past four employers starting with the most recent.

Employer:	Position Held:	
City	Telephone Number	
Immediate Supervisor:		
Dates Employed From:	To:	Salary:
Job Summary:		
Reason For Leaving:		

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Immediate Supervisor:

Dates Employed From:

To:

Salary:

Job Summary:

Reason For Leaving:

Qualification & any other skills

Summarize any job-related training, skills, licenses, certificates, and/or qualifications:

Education History

List school name and location, years completed, course of study, and any degrees earned:

High School:

College:

Technical Training:

Other:

References

Must list 3 references names, telephone numbers, and year's known (do not include relatives):

- 1.)
- 2.)
- 3.)

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to do so will result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

X

