**YOUR COMPANY NAME Application for Employment**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET CITY STATE ZIP CODE

Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18 and it is requested, can you provide a work permit?........................................................................ Yes ☐ No ☐

If no, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been employed at this company? ……………………….......................................................................... Yes ☐ No ☐

Are you legally eligible for employment in this country? ….………………….......................................................................... Yes ☐ No ☐

Date available to begin work ….…………………................................................................................................................ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Type of employment desired ….…………………................................................................ Full-Time ☐ Part-Time ☐ Temporary ☐

Are you able to meet the attendance requirements of this position? ….......................................................................... Yes ☐ No ☐

Have you been convicted of a crime in the last seven (7) years? ….................................................................................. Yes ☐ No ☐

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE NOTE: CONVICTION WILL NOT NECESSARILY PREVENT EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED.

Driver’s license # if driving is an essential job function \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

Provide the following information for your past three (3) employers or volunteer activities, starting with the most recent.

|  |  |
| --- | --- |
| FROM TO | EMPLOYER PHONE  ( ) |
| JOB TITLE | ADDRESS |
| IMMEDIATE SUPERVISOR & TITLE | NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES |
|  |  |
| REASON FOR LEAVING | HOURLY RATE/SALARY START $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ FINAL $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ |
| FROM TO | EMPLOYER PHONE  ( ) |
| JOB TITLE | ADDRESS |
| IMMEDIATE SUPERVISOR & TITLE | NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES |
|  |  |
| REASON FOR LEAVING | HOURLY RATE/SALARY START $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ FINAL $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ |
| FROM TO | EMPLOYER PHONE  ( ) |
| JOB TITLE | ADDRESS |
| IMMEDIATE SUPERVISOR & TITLE | NATURE OF WORK PERFORMED & JOB RESPONSIBILITIES |
|  |  |
| REASON FOR LEAVING | HOURLY RATE/SALARY START $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ FINAL $\_\_\_\_\_\_\_\_ PER \_\_\_\_\_\_\_\_\_\_ |

AN EQUAL OPPORTUNITY EMPLOYER

**Skills & Qualifications**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Educational Background**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & LOCATION | YEARS COMPLETED | DID YOU GRADUATE? | COURSE OF STUDY |
| HIGH SCHOOL |  |  |  |
| COLLEGE |  | MAJOR / DEGREE |  |
| OTHER |  |  |  |

**References**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | RELATIONSHIP | PHONE | YEARS KNOWN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM **YOUR COMPANY NAME** WHENEVER IT IS DISCOVERED.

I GIVE **YOUR COMPANY NAME** THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

**YOUR COMPANY NAME** DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS ON THIS APPLICATION ARE USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND **YOUR COMPANY NAME** RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF **YOUR COMPANY NAME**, OTHER THAN THE PRESIDENT, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY THE PRESIDENT OF **YOUR COMPANY NAME**.

I UNDERSTAND THAT THIS COMPANY’S POLICY IS NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON’S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I ALSO UNDERSTAND THAT ANY OFFER FOR EMPLOYMENT MADE TO ME IS CONTINGENT UPON COMPLETING AND PASSING A PRE-PLACEMENT PHYSICAL, INCLUDING A DRUG AND ALCOHOL TEST.

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

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_\_

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