

# Application for Employment

Date of Application \_\_\_\_\_ Position applied for \_\_\_\_\_

## PERSONAL INFORMATION

Last Name	First Name	Middle Name	Jr/Sr.
Present Street Address	City	State	Zip Code
Home Phone	Email Address		
Have you ever used another name? <input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, list _____			
Can you submit birth certificate or other proof of age if you are hired? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Can you submit a work permit after hiring, if you are under 18 years of age? <input type="checkbox"/> NO <input type="checkbox"/> YES			

## EDUCATION

	Name and Address of School	Graduated?	Years attended	Degree earned
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				

## GENERAL INFORMATION

Date available to start:	Full-time or Part-time?
Days and Hours Available to work From _____ To _____	Day    Sun    Mon    Tues    Wed    Thur    Fri    Sat
Do you have any medical history that would limit your ability to perform the job applied for without endangering the health or safety of yourself and others? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Have you ever been convicted of any crime? <input type="checkbox"/> NO <input type="checkbox"/> YES    (note: a conviction is not an automatic bar to employment.) If yes, please explain and state the charge, the court, the date, and the disposition of the case: _____	
Are you currently out on bail or released on your own recognizance pending trial? <input type="checkbox"/> NO <input type="checkbox"/> YES	

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

## EMPLOYMENT/WORK EXPERIENCE (list last 7 years)

<b>Company No. 1</b> (Present or most recent employer)		Phone Number	
Address	City	State	Zip
Employed from (month and year)		Rate of Pay	Position Held
From	To	Starting	Ending
Describe all of your significant job duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company No. 2</b>		Phone Number	
Address	City	State	Zip
Employed from (month and Year)		Rate of Pay	Position Held
From	To	Starting	Ending
Describe all of your significant job duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company No. 3</b>		Phone Number	
Address	City	State	Zip
Employed from (month and Year)		Rate of Pay	Position Held
From	To	Starting	Ending
Describe all of your significant job duties:			
Reason for Leaving:			
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Company No. 4</b>		Phone Number	
Address	City	State	Zip
Employed from (month and Year)		Rate of Pay	Position Held
From	To	Starting	Ending
Describe all of your significant job duties:			
Reason for Leaving:			

May we contact this employer?  YES  NO

## PERSONAL REFERENCES

List 3 references who are not friends or relatives

Name	Address	Phone Number	How long have you known? (yrs)	Where did you meet?

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any of the statements check, unless I have indicated to the contrary. Further, I release parties and persons from any and all liability for any damages that result from furnishing such information that they may have. I understand that any misrepresentations, falsification, or material omission of information on this application, regardless of the time elapsed after discovery, may result my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company, my former employers and professional references harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

In consideration of my employment, I agree to conform to the rules and standards of this company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of this company. I understand that no employee or representative of this company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect o the at-will nature of my employment relationship that is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provisions of satisfactory proof of an applicant's identity and legal authority to work in the United States under Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read, understand and agree to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date