



EMPLOYMENT APPLICATION

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Application information

Full name:	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Last First M.I. </div>	Date:	
Address:	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street address Apt/Unit # </div>	Phone:	
	<div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> City State Zip Code </div>	Email:	
Date available for work:		Referral Source:	
Position applied for:			

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever submitted an application here before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Will you travel if job requires it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain: _____
Are you able to meet the attendance requirements of the position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain: _____
Will you work overtime if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain: _____
What is your desired salary or hourly rate of pay?	\$ _____		Hourly <input type="checkbox"/> Salary <input type="checkbox"/>

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about the applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?
 If yes, please explain: _____

Employment History

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	To: _____
Compensation:	\$ _____ Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Bonus/Other:	Per: _____
Responsibilities:	_____		
Why did you leave?	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	To: _____
Compensation:	\$ _____ Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Bonus/Other:	Per: _____
Responsibilities:	_____		
Why did you leave?	_____		
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May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Address:	_____	Supervisor:	_____
Job title:	_____	From:	To: _____
Compensation:	\$ _____ Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Bonus/Other:	Per: _____
Responsibilities:	_____		
Why did you leave?	_____		
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May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	To: _____
Compensation:	\$ _____ Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Bonus/Other:	Per: _____
Responsibilities:	_____		
Why did you leave?	_____		
What did you like most about your position?	_____		
What did you like least about your position?	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed previously, have you ever been fired or asked to resign from a job: Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing _____ Level: _____	<input type="checkbox"/> Internet _____ Level: _____
<input type="checkbox"/> Spreadsheet _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Presentation _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Email _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____

Education

High school: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references.

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Full name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	Email: _____

Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List special accomplishments, publications, awards, etc.

List any relevant volunteer work.

Is there any other job-related information you want us to know about?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy, sexual orientation and gender identity), disability, age, sickle cell trait, national origin, natural, protective, or cultural hairstyle, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: _____

Date: _____