



Date _____

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, national origin, age, genetic information, military or veteran status, sexual orientation, marital status or any other protected Federal, State or Local status unrelated to the performance of the work involved.

Please answer all questions completely. Please do not provide any information not specifically requested on this Employment Application form.

All fields highlighted yellow are required fields and must be completed.

PERSONAL

Last Name		First Name		Middle	
Address (Number & Street, Apartment or Box No.)			City	State/Province	Zip/Postal Code
Primary Phone (include area code)	Secondary Phone (include area code)	Social Security Number			
E-mail Address					
Desired Type of Employment		Are you eligible to work in the U.S.?		Are you age 18 or over?	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Willing to Relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Available to Start					
Have you ever been previously employed here?		If Yes, list dates employed:		Desired Salary	
<input type="checkbox"/> Yes <input type="checkbox"/> No		From: _____ To: _____			
Do you have any relatives employed by this organization?			If Yes, give name and title:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of, pleaded guilty or did not contest (nolo contendere) to, or otherwise been found guilty of a felony, misdemeanor or other offense? (Do not include convictions that were sealed, erased, statutorily eradicated, or expunged; or convictions that resulted in referral to a diversion program.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please explain by including date(s), place(s), charge(s), and outcome of each case.					

EDUCATION

Mark highest level of education completed:	<input type="checkbox"/> Some HS	<input type="checkbox"/> HS/GED	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master	<input type="checkbox"/> Doctoral
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Please complete all information below applicable to your education experience:

Name of School/Institution (Include City, State)	Degree/Total Credits Earned	Major (s)/Area (s) of Study	GPA	Diploma/GED or Degree (if any) Year Received (month/year)
1. High School attend	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Currently Enrolled			
2. College/University attend	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Currently Enrolled			
	Total Credit Earned:			
3. Graduate School attended	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Currently Enrolled			
	Total Credit Earned:			
4. Business/Trade School	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Currently Enrolled			
5. Other (License or Certification)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			

WORK EXPERIENCE

Describe any paid or non-paid work experience (full time, part time, temporary, self-employed). Begin with present or most recent employer and list prior employers (10 years). If you were unemployed for any period, state "Unemployed" in the Name of Employer box and provide applicable dates you were unemployed and the names and phone numbers of a reference who can verify this information. Please enter "unemployed" in all applicable fields.

1. Name of Employer		Address		City		State		Zip	
Dates Employed		Salary		Hours per week:		Your Job Title			
From: / To:		Start: End:							
Supervisor's Name			Supervisor's Title			Supervisor's Phone			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				Reason for leaving:					
				<input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below) <input type="checkbox"/> N/A					
Describe your duties, accomplishments and related skills)				Explain Involuntary reason:					
2. Name of Employer		Address		City		State		Zip	
Dates Employed		Salary		Hours per week:		Your Job Title			
From: / To:		Start: End:							
Supervisor's Name			Supervisor's Title			Supervisor's Phone			

May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)		
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:		
3. Name of Employer		Address	City	State
Zip		Dates Employed From: To:	Salary Start: End:	Hours per week:
Your Job Title		Supervisor's Name	Supervisor's Title	Supervisor's Phone
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)		
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:		
4. Name of Employer		Address	City	State
Zip		Dates Employed From: To:	Salary Start: End:	Hours per week:
Your Job Title		Supervisor's Name	Supervisor's Title	Supervisor's Phone
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)		
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:		
5. Name of Employer		Address	City	State
Zip		Dates Employed From: To:	Salary Start: End:	Hours per week:
Your Job Title		Supervisor's Name	Supervisor's Title	Supervisor's Phone
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)		
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:		
6. Name of Employer		Address	City	State
Zip		Dates Employed From: To:	Salary Start: End:	Hours per week:
Your Job Title		Supervisor's Name	Supervisor's Title	Supervisor's Phone

Supervisor's Name		Supervisor's Title		Supervisor's Phone	
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)			
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:			
7. Name of Employer		Address		City	State
Zip	Dates Employed From: To:	Salary Start: End:	Hours per week:	Your Job Title	
Supervisor's Name		Supervisor's Title		Supervisor's Phone	
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)			
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:			
8. Name of Employer		Address		City	State
Zip	Dates Employed From: To:	Salary Start: End:	Hours per week:	Your Job Title	
Supervisor's Name		Supervisor's Title		Supervisor's Phone	
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)			
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:			
9. Name of Employer		Address		City	State
Zip	Dates Employed From: To:	Salary Start: End:	Hours per week:	Your Job Title	
Supervisor's Name		Supervisor's Title		Supervisor's Phone	
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving: <input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)			
Describe your duties, accomplishments and related skills)		Explain Involuntary reason:			
10. Name of Employer		Address		City	State
Zip	Dates Employed	Salary	Hours per week:	Your Job Title	

From:	To:	Start:	End:		
Supervisor's Name		Supervisor's Title		Supervisor's Phone	
May we contact the employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:	
				<input type="checkbox"/> Voluntary Quit <input type="checkbox"/> Involuntary (Explain Below)	
Describe your duties, accomplishments and related skills)			Explain Involuntary reason:		

SUMMARY

In a brief statement, in your own words, please describe why you are an ideal candidate for this position.

MILITARY SERVICE

Branch	Start Date	End Date	Highest Rank Attained	Type of Discharge	Duties

REFERENCES

Name	Current Company	Relationship	Phone	E-mail	Professional or Personal
					<input type="checkbox"/> Professional <input type="checkbox"/> Personal
					<input type="checkbox"/> Professional <input type="checkbox"/> Personal
					<input type="checkbox"/> Professional <input type="checkbox"/> Personal

PRE-EMPLOYMENT STATEMENT (Please read before signing)

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation showing your eligibility to be employed by this organization. Applicants or employees that present fraudulent documents for employment verification purposes will be terminated.

I authorize the organization to contact anyone that it deems appropriate to verify the information I have provided or to further investigate my background, past performance and suitability for employment. I consent to being discussed by any person contacted by the organization and waive all rights to bring any action for defamation, invasion of privacy or any similar claim against anyone that provides information to the organization with a good faith belief that the information provided is true. I understand that the organization may choose to obtain background information about me from a consumer reporting agency. Before requesting a report from a consumer reporting agency, the organization will ask for my authorization. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that I may be required to comply with federal and/or state Drug Free Workplace Laws and regulations. I understand and agree to comply with such laws.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers.

Signature

Date*