Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRIN	T							
Position(s) a	pplied for		Date of application	n/_/				
Name				T. C. I.				
Address		First		Middle				
Address	Street		City	State Zi	p Code			
Telephone ()		Are you cu	irrently employed? Ye	es 🗆 No			
If you are un	der 18, can you furnis	h a work permit?		🗆 Y	es 🗆 No			
Have you ev	er been employed here	e before?		🗆 Y	es 🗆 No			
(Proof of U.S	S. citizenship or immig	ment in this country? gration status will be required upon en	nployment.)	,	es 🗆 No			
• •	•	Full-Time Part-Time 7			•			
•		e requirements of the position?						
(Such convident	etion may be relevant i	ny or Misdemeanor?f job related but does not bar you fron	n employment.)	⊔ Y	es 🗆 No			
If yes, please	e explain							
Driver's lice	nse number (if job-rela	nted)		State				
	nent History							
List your las	$\frac{\text{t four (4) employers, a}}{\text{To}}$	ssignments or volunteer activities, star	rting with the most recent, incl	Iuding military experient	ce.			
	10			()				
Job Title		Address						
Immediate Superv	risor and Title	Summarize the nature of work performed and j	Summarize the nature of work performed and job responsibilities.					
Reason for leaving	9	Hourly Rate/Salary Start \$per_	Final \$ per	r				
From	То	Employer		Telephone				
Job Title		Address						
Immediate Superv	risor and Title	Summarize the nature of work performed and job responsibilities.						
Reason for leaving	g	Hourly Rate/Salary Start \$per_	Final \$ per	r				
From	То	Employer		Telephone				
Job Title	-	Address						
Immediate Supervisor and Title		Summarize the nature of work performed and j	job responsibilities.					
Reason for leaving		Hourly Rate/Salary Start \$per	Final \$ per	r				
From	То	Employer	por	Telephone ()				
Job Title		Address		1` ′				
Immediate Supervisor and Title		Summarize the nature of work performed and j	job responsibilities.					
Reason for leaving		Hourly Rate/Salary						

Skills and Qualifications
Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related
functions for the position which you are applying

Educational Background (if job-related)

Name and Location	Years Completed	Did You (Graduate?	Course of Study
High School				
College		Major	Degree	
Other			<u> </u>	

References

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

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

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant	Date	 _/