

# Application For Employment

.....  
Company name ..... is an equal opportunity employer, committed to a policy of non-discrimination in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

**Complete all information as requested. Please print.**

Position applied for: ..... Date: .....

## I. Personal Information

Name: .....  
Last First Middle

Present address: .....  
Street

.....  
City State/Province ZIP code

Permanent address (if different than above): .....  
Street

.....  
City State/Province ZIP code

Phone number: ..... Social Security number: .....

Are you over 18 years of age?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: .....

.....  
(Conviction of a crime does not necessarily exclude applicant from employment.)

Is there any information we would need about your name or use of another name for us to be able to check your work record?  Yes  No

If yes, please specify: .....

.....  
If required, are you willing to undergo a pre-employment physical?  Yes  No

# Application For Employment *(cont.)*

## II. Employment Availability

Check the type(s) of work for which you are available.

- Full-time                       Part-time                       Temporary  
 Seasonal                       Education co-op

If your application receives favorable consideration, when will you be available to begin work?

---

- Do you have any objection to working overtime?     Yes                       No  
 Can you work overtime without prior notice?         Yes                       No  
 Can you work on Saturday?                               Yes                       No  
 Can you work on Sunday?                                 Yes                       No  
 Can you travel, if required by this position?         Yes                       No

## III. Salary/Wage Requirements

If your application receives favorable consideration, what minimum salary/hourly rate would you require?    \$ \_\_\_\_\_ per \_\_\_\_\_

## IV. Educational History

	School Name/Location	Years Completed	Degree/Diploma
High School			
College			
Tech. Training			
Other			

### Record Of Education

List any relevant courses you have completed. This information will aid the company in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary.

Course	Dates Enrolled In Course From/To	School Or Other Course Sponsor	Describe Primary Course Content





# Application For Employment (cont.)

## VI. Employment History

Starting with your most recent, list your present and past employers, including military experience. (Explain any gaps in employment in the comments section on the following page.)

May we contact this employer for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Employer: _____	Phone #: _____			
Address: _____	Street	City	State/Province	ZIP code
Immediate supervisor and title: _____				
Reason for leaving: _____				
_____				
Position held: _____				
Summarize your job duties: _____				
_____				
Dates employed: from _____ to _____				
Starting salary \$ _____ Final salary \$ _____				

May we contact this employer for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Employer: _____	Phone #: _____			
Address: _____	Street	City	State/Province	ZIP code
Immediate supervisor and title: _____				
Reason for leaving: _____				
_____				
Position held: _____				
Summarize your job duties: _____				
_____				
Dates employed: from _____ to _____				
Starting salary \$ _____ Final salary \$ _____				





# Application For Employment (cont.)

## Pre-employment Statement

---

I voluntarily give \_\_\_\_\_ the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such an investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.  
Company name

I understand that if I have made misrepresentations or omissions of facts requested in this application, the application will not be considered, and if I have been employed, I shall be subject to immediate dismissal.

If employed, I agree to abide by all company rules and regulations, which are now in effect or may be established in the future.

I also understand that I must pass a drug-screening test to be eligible for employment at \_\_\_\_\_.  
\_\_\_\_\_. This test will be administered in accordance with the guidelines set forth  
Company name  
by the company, in compliance with state and federal law.

I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company or myself. I understand that no representative of the company, except \_\_\_\_\_  
\_\_\_\_\_, has any authority to enter into any  
Vice President of Personnel or Chairman of the Board  
agreement for employment for any specified period of time. Additionally, no other representative can assure or make some other personnel move, either prior to commencement of employment, or after I have become employed. Finally, no representative except the aforementioned has the authority to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from \_\_\_\_\_ and still wish to be considered for employment, it will be necessary  
Company name  
for me to fill out another application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Applicant Data

DO NOT FILE WITH APPLICATION

.....  
Company name

Completing this form is voluntary and is not a requirement for employment.

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these record-keeping requirements and to determine recruiting and employment patterns. ....

.....  
Company name

believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, sex, religion, national origin, disability, veteran status, age or marital status.

**Sex:**

- Female
- Male

**Race:**

- Asian or Pacific Islander
- Black
- Hispanic
- Native American or Native Alaskan
- White

**How were you referred to this company? (check only one):**

- College recruiting
- Customer referral
- Employee referral
- Newspaper advertisement
- Private employment agency
- School referral
- State employment office
- Walk-in
- Other (specify): .....



# Applicant Data *(cont.)*

**Type of position you applied for (check only one):**

- Craft worker (skilled)
- Laborer (manual job requiring no special training)
- Manager
- Office/Clerical
- Operative (factory duties requiring intermediate skill level)
- Professional
- Sales
- Service worker
- Technician

Regulations issued by the U.S. Department of Labor with respect to individuals with disabilities, disabled veterans, special disabled veterans and Vietnam era veterans require that federal contractors provide self-identification opportunity to candidates seeking employment. Such self-identification, and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

## **Vietnam Era Veteran**

- No
- Yes (Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged/released with other than dishonorable discharge or for a service-connected disability.)

## **Disabled Veteran**

- No
- Yes (Entitled to disability compensation under law administered by Veterans Administration for disability rate 30 percent or more OR discharged/released from active duty for disability incurred through or aggravated by service in the line of duty.)

## **Individual With Disability**

- No
- Yes (Have a physical or mental impairment, which substantially limits a major life activity, or have a history of such impairment.)

## **Special Disabled Veteran**

- No
- Yes (Discharged/Released from active duty because of service-connected disability; or entitled to disability compensation; or who, but for receipt of military retired pay, would be entitled to disability compensation for a disability that falls into one of the following categories: a disability that is (I) rated at 30 percent or more, or (II) rated at 10 percent or 20 percent and under U.S.C. 1506 has been determined to have a serious employment disability.)



# Reference Check Release

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Company: \_\_\_\_\_

I voluntarily permit \_\_\_\_\_  
Company name to contact the personal references I have listed on application materials, as well as other appropriate people, to confirm my previous employment, performance, education and background.

I understand that such information is personal and will be held in confidence by \_\_\_\_\_  
Company name

\_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

