Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.



"Employer"			Position applying for							
PERSONAL DATA										
Name (last, first, middle)										
Street Address and/or Mailing Ad	City				State	Zip				
Home Telephone Number	ome Telephone Number			Business Telephone Number Celle			ellular Telephone Number			
Date you can start work	Salary Desired Soc			Social Media Handle(s)						
POSITION INFORMATION Check all that you are willing to work										
Hours: Full Time]] Days Even	ings		yard ends	Status	s: Regula Tempo				
Are you authorized to work in the	e U.S. on an unrestricted	basis?			Ye	s 🗌	No 🗌			
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes No										
Have you been told the essential yes No	functions of the job or h	ave you been viewed a	copy of the job desc	ription listing	the essential fun	ctions of the	job?			
Can you perform these essential t	functions of the job with	or without reasonable a	accommodation?	Yes [□ No					
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.										
	School N	Degree		Address/City/State						
School										
School										
Other										
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.										
REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.										
Name		Address/City/State			Ph	ione	Relationship			



WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)									
Job Title #1	Start Date (mo/	day/yr)	End Date (mo/day/yr)						
Company Name	Supervisor's Na	ame	Phone Number						
City	State		Zip						
Duties:									
Reason for Leaving	Starting Salary		Ending Salary						
May we contact your present employer? Yes No N/A									
Job Title #2	Start Date (mo/	day/yr)	End Date (mo/day/yr)						
Company Name	Supervisor's Na	ame	Phone Number						
City	State		Zip						
Duties:									
Reason for Leaving		Starting Salary	Ending Salary						
Job Title #3	Start Date (mo/	day/yr)	End Date (mo/day/yr)						
Company Name	Supervisor's Na	ime	Phone Number						
City	State		Zip						
Duties:									
Reason for Leaving	Starting Salary		Ending Salary						
Job Title #4	Start Date (mo/	day/yr)	End Date (mo/day/yr)						
Company Name	Supervisor's Name		Phone Number						
City	State		Zip						
Duties:									
Reason for Leaving		Starting Salary	Ending Salary						

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.