



APPLICATION FOR EMPLOYMENT

Applicant information			
Last Name	First	M.I.	Date
Street Address		Apt. #	PO Box
City	State		Zip
Cell Phone Number	Soc. Sec. Number		
Email	Date of Birth		

Position Wanted	Date Available	Desired Salary
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Have you been told the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you perform the essential functions of the job with or without reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment History	
Company	From To
Supervisor	Phone Number
Position/ Responsibilities	
Address	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company	From To
Supervisor	Phone Number
Position/ Responsibilities	
Address	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company	From To
Supervisor	Phone Number
Position/ Responsibilities	
Address	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Relevant Skills/ Experience:

Education			
<u>High School</u>		City/ State	
From	To	Did you graduate?	Degree
<u>College</u>		City/ State	
From	To	Did you graduate?	Degree
<u>Other</u>		City/ State	
From	To	Did you graduate?	Degree

References	
<u>1. Full Name</u>	Relationship
Phone Number	Address
<u>2. Full Name</u>	Relationship
Phone Number	Address
<u>3. Full Name</u>	Relationship
Phone Number	Address

EMERGENCY CONTACT	
Name	Relationship
Phone Number	Second Contact

Disclaimer and Signature	
<p>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.</p> <p>I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.</p> <p>I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, full-time, part-time, temporary, seasonal 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.</p>	
Applicant Signature	Date