

# Application for Employment



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

				Date of Application	
Last Name		First Name		Middle Name	
Address		Street		City	State Zip
Telephone Number		Cell Number		Social Security Number	

Positions(s) Applied For

Employment desired:  Full Time  Part Time  Shift Work  Temporary

Date available for work \_\_\_\_\_ If under 18, can you provide required proof of work eligibility?  Yes  No

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  Yes  No

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
***Proof of citizenship or immigration status will be required upon employment***

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City and State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN LAST 7 YEARS?  Yes  No

If yes, explain number of convictions(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentences(s) imposed, and types(s) of rehabilitation. *(Conviction will not necessarily disqualify an applicant from employment.)*

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Driver's License Classification:  Operator  Commercial (CDL)  Chauffeur

***All employees operating college vehicles will be required to submit drivers license information for Motor Vehicle Department Review. Certain violations may be cause for termination.***

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No  Retired

BRANCH OF SERVICE \_\_\_\_\_ RANK/GRADE \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? RESERVES?  Yes  No

Describe any job-related training received in the United States Military.

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Summarize special job-related skills and qualifications. (Examples include computer skills, operating particular machinery)

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State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?  Yes  No

Please list three references other than relatives

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

How Did You Learn About Us?

- Advertisement-Newspaper  Employment Agency  Friend  Relative  Walk-In  
 Advertisement-Online Which Site? \_\_\_\_\_  Other \_\_\_\_\_

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Please list your work experience for the past five years beginning with your most recent job held. Include volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

Name of Employer, Address, City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
_____			
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		From	Start
		To	Final
Reason for leaving (be specific)		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
_____			
_____			
_____			
List professional, trade business or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):			
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_____			

*I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**\*THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT OR CONTRACT**

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_

NOTES

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