

## **Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate 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. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:	Date:				
Position(s) applied for or type of work de	esired:				
Street Address and or Mailing Address	: <u> </u>				
-	Street		Town	State	Zip
Telephone #:	Available Sta	rt Date:			
Do you have any objection to working o	overtime if necessary?	Yes	No		
Can you travel if required by this position	on?	Yes	No		
Have you ever been previously employ organization?	ed by our	Yes	No		
Can you submit proof of legal employm identity?	ent authorization and	Yes	No		
If you are under 18, can you furnish a vrequired?	vork permit if it is	Yes	No		
Driver's license number (if driving is an	essential job duty):		Stat	e:	_
How were you referred to us?					
Employment History					
Please provide all employment informat	ion for your past four e	employers startin	ng with the most	recent.	
<b># 1</b> Employer:		Position he	ld:		
Address:		Telephone #:			
Supervisor and title:		_ Dates employe	d: from	to	
Job Duties:	Reason for lea	aving:			
<b>2#</b> Employer:		Position hel	ld:		
Address:		Telepho	one #:		
Supervisor and title:		_ Dates employe	d: from	to	
Job Duties:	Reason for lea	aving:			

3# Employer:	Position held:						
Address:	Telephone #:						
Supervisor and title:	Dates employed: from	to					
lob Duties:	ties: Reason for leaving:						
Educational History							
School:	Address:						
Years completed, course of study, and ar	ny degrees earned: High school:Colleg	ge:					
Technical Training:	Other:						
Other Skills and Qualifications Summarize any job-related training, skills	s, licenses, certificates, and/or other qualification	ns:					
Professional References List three references, including names, tele	ephone numbers and/or email, and years known						

- I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.
- I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.
- If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.
- I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).
- I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.
- I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Date:	
_	Date: