

# Standard Application for Employment

*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. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.*

“Employer”	Position applying for
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## PERSONAL DATA

Name (last, first, middle)				
Street Address and/or Mailing Address		City	State	Zip
Home Telephone Number	Business Telephone Number		Message Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>		

## POSITION INFORMATION

 Check all that you are willing to work

Hours:	Full Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Swing <input type="checkbox"/>	Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
	Part Time <input type="checkbox"/>		Graveyard <input type="checkbox"/>	
	Supplemental <input type="checkbox"/>		Weekends <input type="checkbox"/>	

Are you authorized to work in the U.S. on an unrestricted basis? Yes ☐ No ☐

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  
Yes ☐ No ☐

Can you perform these essential functions of the job with or without reasonable 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 Name/Address City/State	Degree Received	Areas of Specialization
College			
Vocational/Technical			
Other			

## SPECIAL SKILLS

 Please list any special skills or experience that you feel would help you in the position that you are applying for.

## 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	Phone	Relationship

<b>WORK HISTORY</b> Start with your present or most recent employment and work back. Use a separate sheet if necessary.		
<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

May we contact your present employer? Yes ☐ No ☐ N/A ☐

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

<b>Job Title #4</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		

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.

Applicant Signature

Date