

*Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.*

Date:

/ /

## APPLICANT DATA:

Position applied for:

How were you referred to us: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
LAST FIRST MIDDLE  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) Mobile/Beeper/Other Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever worked for this company?  Yes  No If yes, when? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If not, do you have work papers?  Yes  No

Type of employment desired:  Full-time  Part Time  Temporary  Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime?  Yes  No

If yes, give dates and details: \_\_\_\_\_

*Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.*

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

## EDUCATION:

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

College/University \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

# of Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

## REFERENCES:

*Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:*

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

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## PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for reference?  Yes  No

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

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