

**Application for Employment**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Division.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Driver's license number \_\_\_\_\_ State \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup> PM May we contact you at work?  Yes  No

If yes, work number and best time to call: Work # (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup> PM

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

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

Have you ever been employed here before? .....  Yes  No

If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Are you able to meet the attendance requirements of the position? .....  Yes  No

Are you able to meet the physical requirements of the position? .....  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-op

Will you work overtime if required?  Yes  No If no, please explain \_\_\_\_\_

Have you ever been bonded .....  Yes  No

Have you pled "guilty" or "no contest" to, or been convicted of a felony in the past 7 years? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

ANSWERING "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

## Employment History

PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS, OR WORK RESPONSIBILITIES, STARTING WITH THE MOST RECENT (USE ADDITIONAL SHEETS IF NECESSARY). EXPLAIN ANY GAPS IN EMPLOYMENT IN COMMENTS SECTION BELOW.

FROM	TO	EMPLOYER	TELEPHONE # (    )
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____    FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE # (    )
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____    FINAL \$ _____ PER _____	

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

## Educational Background (if job-related)

Name and Location	Number of Years Completed	Did You Graduate?	Course of Study
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## References

List name and telephone number of three business/work references NOT related to you and NOT previous supervisors. If not applicable, list three school or personal references not related to you.

Name	Telephone	# of Yrs Known
	(    )	
	(    )	
	(    )	

## Additional Information

List professional, trade, business or civic associations and any offices held.  
 EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

### List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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### List any additional information you would like us to consider.

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