



# EMPLOYMENT APPLICATION

We appreciate your interest in our organization. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such. We are an **Equal Opportunity Employer**. We consider all applicants for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital or family status, pregnancy, military/veteran status, genetic information including predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status, in accordance with applicable federal, state, and local regulations.

BIOGRAPHICAL DATA	Print Name (First, Middle, Last)						
	Telephone Number (    )			Cell Phone Number (    )			
	Street Address			City	State	Zip Code	
	E-mail			Position Applied For			
	Please indicate the days you are available to work:						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Are you Available to Work (check all that apply)			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Shift Work
				<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights	Date Available to Begin Work
	Are you 18 years of age or older?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give dates and position: _____					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed with our organization before? If yes, give dates. From ____/____/____ to ____/____/____					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)					<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		Course of Study/Major	Years Completed	Diploma or Degree Earned	
	High School					<input type="checkbox"/> Diploma <input type="checkbox"/> GED	
	College/ University					<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
	Graduate School					<input type="checkbox"/> Master <input type="checkbox"/> Doctoral	
	Trade School					<input type="checkbox"/> Certificate	
SKILLS	List any additional skills, training, and/or technical/professional knowledge and/or certificates, licenses or achievements that is relevant to the job for which you are applying:						
	Drivers' License Identification Number:			State of Issuance:			
(Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)							

**EMPLOYMENT HISTORY** Provide employment information, including military service starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this Application Form.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone Number
Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

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Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

**REFERENCES (List three references other than relatives)**

Name	Relationship	Phone Number or Email

**CONVICTION RECORD STATUS**

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No

Do you have any currently pending arrests or accusations against you at this time?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Only job-related convictions will be considered and will not automatically disqualify an applicant. Employment decisions based on a conviction take into consideration many factors, including but not limited to, age and date of conviction, the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, etc. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any falsification or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

After a conditional offer of employment, I understand that a pre-employment medical examination must be passed to the organization's satisfaction before starting work.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

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