



APPLICATION FOR EMPLOYMENT

Please answer all questions. Please PRINT.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Application
Current Street Address			Home Telephone ()
City, State, Zip Code			Business Telephone ()
Position Applying For			Date You Can Start

Are you a citizen of the United States?

☐ Yes ☐ No If no, are you legally eligible to work in the United States? ☐ Yes ☐ No

(IF YOU ARE NOT A UNITED STATES CITIZEN AND YOU ARE NOT LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES, WE CAN NOT EMPLOYEE YOU.

Please provide any professional license or certification numbers if applicable to the position for which you are applying

License or Certification Number _____

Issued By Whom? _____

Place of Issuance _____

Date of Last Renewal _____

Has your license or certification ever been suspended or revoked? ☐ Yes ☐ No

It will be necessary for you to work on weekends and holidays. Are you available to meet these requirements?

☐ Yes ☐ No If no, please explain _____

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YRS. COMPLETED	DEGREE OR DIPLOMA?
GRADUATE				
COLLEGE				
HIGH SCHOOL				
ELEMENTARY/ MIDDLE				
BUSINESS/TRADE/ TECHNICAL				

EMPLOYMENT HISTORY – (A personal resume may be substituted, if available.)

Please give an accurate and complete employment history. Be sure to include any relevant volunteer experience you may have had. Start with your current or most recent employer.

1. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____ _____ _____ _____	Reason for Leaving _____ _____ _____ _____ _____

2. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____ _____ _____ _____	Reason for Leaving _____ _____ _____ _____ _____

3. Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Immediate Supervisor	Salary or Wages Paid Beginning _____ Ending _____
Job Title/Description of Duties _____ _____ _____ _____ _____	Reason for Leaving _____ _____ _____ _____ _____

We will contact any or all of the employers listed above. If you do not wish for us to contact one of the listed employers, please indicate which one and give us the reason why not to contact.

DO NOT CONTACT

Employer/Company Number(s) _____ Reason(s) _____

Please account for any periods during your work history when you were unemployed: _____

Are you over 18 years of age? ☐ Yes ☐ No

If no, can you submit a work permit? ☐ Yes ☐ No

IF YOU CANNOT PRODUCE A VALID WORK PERMIT AND YOU ARE UNDER 18 YEARS OF AGE, WE CANNOT EMPLOY YOU.

AGREEMENT: PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW

The information provided in this application for employment is true, correct, and complete to the best of my knowledge. If you employ me, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize you to make such investigations and inquiries of my personal employment history from my past employers as may be necessary in arriving at an employment decision. I hereby release employers, schools, or other individuals from all liability in responding to inquiries in connection with my application for employment.

Signature of Applicant

Date

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, disability, veteran status, or any other legally protected status.

"We believe that caring for the whole person requires us to promote equity, diversity, and inclusion in our community. We encourage a community free of discrimination based on race, color, national origin, religion, age, disability, sex, sexual orientation, sexual expression or gender identity. We are an ally to those who identify as LGBTQ+ and strive to create a caring, just and affirming place to live."
