

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 Department.

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Mobile/Beeper/Other # _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

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? If **yes**, give dates and positions _____ Yes No

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

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

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

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following questions 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.

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

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

| | | |
|--|--|--|
| Employer | Telephone # | Dates employed: Month / Year to Month / Year |
| Street address | City State | Compensation (Starting) |
| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ _____ |
| Why did you leave? | | Compensation (Final) |
| Summarize the type of work performed and job responsibilities. | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| What did you like most about your position? | | Commission/Bonus/Other Compensation \$ _____ |
| What were the things you liked least about the position? | | |

| | | |
|--|--|--|
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| Starting job title/final job title | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| Immediate supervisor and title (for most recent position held) | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | Commission/Bonus/Other Compensation \$ _____ |
| Why did you leave? | | Compensation (Final) |
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| What were the things you liked least about the position? | | |

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| Why did you leave? | | Compensation (Final) |
| Summarize the type of work performed and job responsibilities. | | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per |
| What did you like most about your position? | | Commission/Bonus/Other Compensation \$ _____ |
| What were the things you liked least about the position? | | |

Certifications (Check appropriate boxes. Include years of experience.)

| | | | |
|--|-------------|--------------------------------|-------------|
| <input type="checkbox"/> EMT | Years _____ | <input type="checkbox"/> EVOC | Years _____ |
| <input type="checkbox"/> First Responder | Years _____ | <input type="checkbox"/> NIMS | Years _____ |
| <input type="checkbox"/> CPR | Years _____ | <input type="checkbox"/> Other | Years _____ |

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Educational Background

Starting with your most recent school attended, provide the following information.

| School (include City & State) | Years Completed | Completed | GPA Class Rank | Major/Minor |
|-------------------------------|-----------------|--|----------------|-------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other | | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other | | |

References

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

| Name | Title | Relationship to you | Telephone | Number of Years Known |
|------|-------|---------------------|-----------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

