

# APPLICATION FOR EMPLOYMENT

**AN EQUAL OPPORTUNITY EMPLOYER:** Under the provisions of the Americans with Disability Act (ADA) reasonable accommodation will be made during the selection process for this job upon your request.

**INSTRUCTIONS:** Please print or type in black ink. If more space is needed attach a continuation sheet. YOU MUST COMPLETE EACH SECTION OF THIS APPLICATION

**NAME**

Last	First	Middle

**ADDRESS**

Street	City	State	Zip Code

**PHONE (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

- Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  
Yes \_\_\_\_\_ No \_\_\_\_\_.

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
<b>High School</b>						
<b>College or University</b>						
<b>Graduate School</b>						
<b>Business or Trade School</b>						

List below present and past employment, beginning with the most recent. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Hours per week	Reason for Leaving
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">                     Position Title:                 </div> <div style="padding-top: 5px;">                     Description of work:                 </div>						
Supervisor's Name/Telephone						

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	Hours Per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Special Skills & Abilities (including computer skills) \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you. Whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1				
2				
3				
4				

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_