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Employment Application

Contact Information
[insert phone number]
[insert email or fax #]

An equal opportunity employer

Thank you for your interest in employment with *[insert company name]*. All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, military status or obligations, genetic information and any other characteristic protected by law [*verify this matches your state-specific requirements in addition to federal requirements, and that it matches your company's policy as well]*.

INSTRUCTIONS AND INFORMATION
To be considered for employment with *[Insert Company Name]*, you must complete this application in full, with complete and correct information. Failure to do so may result in disqualification from consideration for hire and/or termination of employment if you are hired. All application materials become the property of *[Insert Company Name]* and will not be returned.

Please type or print legibly. Please complete **all** areas below.

Personal Information

Legal Name (Last, First, Middle Initial):			Email Address
Address (Street, City, State, Zip Code)			
Home Phone ( )	Work Phone ( )	May we contact you at work? ☐ Yes ☐ No	Cell Phone ( )
Position applying for (circle one) Management Clerical [Insert other options specific to your company]	☐ Full-time ☐ Part-time	Hourly Rate Desired	If hired, when can you start work?

Hours Available to Work (mark all that apply) ☐ Morning ☐ Afternoon ☐ Evening ☐ Weekends ☐ Weekends

[Note: Adjust questions below to meet your company's needs] Remove this line

Are you willing to take assignments that require out-of-town work for multiple days? ☐ Yes ☐ No

*If yes, which of the following are you willing to take? (mark all that apply) ☐ Overnight ☐ Multiple days ☐ Multiple weeks

What is the maximum shift length you are willing and able to work on a regular basis? ☐ 4 hours ☐ 8 hours ☐ 12 hours

Do you have a valid Driver's License? ☐ Yes ☐ No Are you at least 18 years of age? ☐ Yes ☐ No

For reference purposes, have you worked or attended school under other names?	☐ Yes	☐ No
If yes, List Name(s):		

Have you previously applied for a position with [Insert Company Name]? ☐ Yes ☐ No

If yes, when (month, year)?

Are you related to anyone currently employed by [Insert Company Name]? ☐ Yes ☐ No

List name(s) and relationship:

How did you find out about this job opening? ☐ Current Employee ☐ Newspaper Ad ☐ Employment Office

☐ Other (please specify):

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

If employment is offered, you must show documents for verification that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.

[Note: verify that this statement matches what your company actually plans to do, as well as ensure that it is consistent with federal and state law. For example, you may only want to consider felony convictions or you may want to look back more than 7 years.]Remove this information

Criminal Convictions – Have you been convicted of, or plead guilty or no contest to, a crime within the past 7 years? Yes___No
If yes, please briefly list and describe the nature of all crime(s), including misdemeanors, of which you have been convicted or to which you have pled guilty or no contest within the last 7 years, with the exception of minor traffic violations (e.g. expired parking meter, speeding tickets, etc.). Include date and place of conviction and the legal disposition of the case.

Note: This company will not deny employment to any applicant solely because the individual has been convicted of a crime. The company may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Education & Skills

Name of High School	High School Location (City, State)	High School Graduate? ☐ Yes ☐ No GED? ☐ Yes ☐ No

Please list all post-high school education beginning with most recent.

Name & Location of School (city and state)	# of yrs. completed	Graduated		Degree/Diploma	Course of Study
		☐ Yes ☐ No	If no, approximate number of credit hours completed.		
		☐ Yes ☐ No	If no, approximate number of credit hours completed.		
		☐ Yes ☐ No	If no, approximate number of credit hours completed.		

Note: Applicants for some positions will be required to submit official copies of educational transcripts.

Relevant Skills/Training/Certification (check box for all that apply)

☐ Word Processing Skills	☐ Spreadsheet Skills	☐ Database Skills	☐ Office Equipment Operation
☐ Supervisory/managerial skill	☐ Project management skills	☐ [Other items as needed]	☐ [Other items as needed]
☐ [Other items as needed]	☐ [Other items as needed]	☐ [Other items as needed]	☐ [Other items as needed]
☐ [Other items as needed]	☐ [Other items as needed]	☐ [Other items as needed]	☐ [Other items as needed]

SKILLS/CERTIFICATIONS: List other skills or certifications relevant to this job, including certifications, professional licenses, relevant training, and other relevant knowledge. **Please attach copies of relevant licenses and certifications.**

Sample - for informational purposes only

REFERENCES: List three persons who may be contacted as professional references. Do not list family members.

Name(First & Last)	Street Address (or P.O. Box)	City	State	Zip	Telephone Number(s)	Email Address

EMPLOYMENT HISTORY: List all current and previous employment for the last ten years, including military service, ***starting with the most recent position held.***

Dates Employed (month/year)		Position Title
From:	To:	Organization Name/Address
Wages		
Start: $ /hour	Final: $ /hour	
☐ Full-time ☐ Part-time	hrs/wk	
May we contact for references? ☐ Yes ☐ No	Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties		

Dates Employed (month/year)		Position Title
From:	To:	Organization Name/Address
Wages		
Start: $ /hour	Final: $ /hour	
☐ Full-time ☐ Part-time	hrs/wk	
May we contact for references? ☐ Yes ☐ No	Supervisor's Name/Title/Phone:	Reason For Leaving:
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Sample - for informational purposes only

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May we contact for references? ☐ Yes ☐ No	Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties		

ACKNOWLEDGEMENT

I certify that the above statements are true and complete. I understand that any false information or omissions in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to hire me or, if I am hired, immediate termination without notice. **I understand that completion of this application in no way constitutes an offer of employment.** I understand that this application form will be active for *[insert number of days]* from the date it is completed and submitted to the company for consideration. I realize that if I wish to be considered for employment with *[Insert Company Name]* after that time, I will be required to complete and submit a new application form.

I authorize *[Insert Company Name]* to obtain information about me from my previous employers and credit sources and to review my education, previous employment, driving records, criminal records, references, and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to voluntarily submit to a pre-employment drug screen. **I acknowledge that *[Insert Company Name]* is an at-will employer and that, if hired, my employment is "at-will", for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time with or without prior notice, with or without cause.**

Applicant's Printed Name:_____DATE: _____

Applicant's Signature: _____

Sample - for informational purposes only