

## **Application for Employment**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date					
Last name		First name		Middle n	ame
Street Address					
City	State _	ZIP	_		
Telephone		Social Security	/ #		
Position applied for					
How did you hear of th	is opening?				
When can you start?		Desired Wa	ge \$		
Are you a U.S. citizen of may be required to prove			e U.S. on an u	inrestricte	ed basis? (You
Are you looking for par	rt-time employm	nent? ☐ Yes ☐ No			
Are you looking for ful	l-time employm	ent? ☐ Yes ☐ No			
If no, what hours are yo	ou available?				
Are you willing to take	calls off duty?	☐ Yes ☐ No			
Are you willing to work	k 24 - 48 hrs at a	time? 🗆 Yes 🕒 No	O		
Have you ever been con  ☐ Yes ☐ No	nvicted of a felor	ny? (This will not ne	cessarily affec	ct your ap	plication.)
If yes, please describe	conditions				
Education					
School I	Name and Locati	ion	Year	Major	Degree
High School					
College					
College					
Post-College					- <del></del>
Other Training					

In addition to your work history, are there other skills, qualifications, or experience that we should consider?					
<b>Employment History</b>	(Start with most re	cent employer)			
Company Name					
	Telephone				
Date Started	Starting Wage	Starting Position			
Date Ended	Ending Wage	Ending Position			
Name of Supervisor					
May we contact? ☐ Yes	□ No				
Responsibilities					
Company Name					
		Telephone			
Date Started	Starting Wage	Starting Position			
Date Ended	Ending Wage	Ending Position			
Name of Supervisor					
May we contact? ☐ Yes	s 🗖 No				
Responsibilities					
Reason for leaving					

Company Name				
Address		Telephone		
Date Started Starting Wage		Starting Position		
Date Ended	Ending Wage	Ending Position		
Name of Supervisor				
May we contact? ☐ Ye	s 🗖 No			
Responsibilities				
Reason for leaving				
Company Name				
Address		Telephone		
Date Started	Starting Wage	Starting Position		
Date Ended	Ending Wage	Ending Position		
Name of Supervisor				
May we contact? ☐ Ye	s 🗖 No			
Responsibilities				
References:				
Name	Relationship	Contact Info		
Attach additional inform	nation if necessary.			
knowledge. I understand tha	t if I am employed, false statement	ent are true and complete to the best of my is on this application shall be considered sufficient e any investigations of my prior educational and		
	at any time, with or without prior	ch means that either I or this company can terminate notice, and for any reason not prohibited by statute.		
Signature		Date		