

PLEASE PRINT IN INK
OR TYPE

Position Applying for: _____

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

PERSONAL

| | | | |
|------------------|---------|---------|-----------------------------|
| NAME (LAST) | (FIRST) | MIDDLE | TELEPHONE (AREA CODE) AND # |
| ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE) |

PREVIOUS ADDRESS DURING THE LAST FIVE YEARS

| | | | |
|------------------|--------|---------|------------|
| ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE) |
| ADDRESS (STREET) | (CITY) | (STATE) | (ZIP CODE) |

OTHER EMPLOYMENT-RELATED INFORMATION

CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER: LIST ANY RELATIVES WORKING FOR THIS ORGANIZATION
 FULL TIME PART TIME TEMPORARY NAME _____ DEPT. _____

DATE OF BIRTH _____

IF MINOR, AGE _____

SOCIAL SECURITY # _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF US CITIZENSHIP?
 YES NO

IF NOT A U.S. CITIZEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?
 YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORM THE JOB APPLIED FOR? (IF YES, EXPLAIN THE TYPE OF ACCOMMODATIONS REQUIRED) YES NO

EDUCATION & TRAINING

| | | |
|-----------------------|------------------|--|
| HIGH SCHOOL | COMPLETE ADDRESS | GRADUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COLLEGE OR UNIVERSITY | COMPLETE ADDRESS | MAJOR DEGREE/YEAR |
| COLLEGE OR UNIVERSITY | COMPLETE ADDRESS | MAJOR DEGREE/YEAR |
| TRADE SCHOOL | COMPLETE ADDRESS | SUBJECTS COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| APPRENTICE SCHOOL | COMPLETE ADDRESS | SUBJECTS COMPLETED: <input type="checkbox"/> YES <input type="checkbox"/> NO |

LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATES/LICENSES THAT YOU POSSESS RELATED TO THIS JOB:

LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING:

REFERENCES

LIST BUSINESS PERSONS KNOWN FOR AT LEAST THREE YEARS, BUT NOT RELATED TO YOU:

| NAME | TITLE | BUSINESS | PHONE | YEARS KNOWN |
|------|-------|----------|-------|-------------|
| | | | | |
| | | | | |

EXPERIENCE

| NAME OF EMPLOYER | TYPE OF BUSINESS | | |
|------------------|------------------|--|--|
| | | | |

| ADDRESS | CITY | STATE | ZIP CODE | PHONE |
|---------|------|-------|----------|-------|
| | | | | |

| DATES EMPLOYED | STARTING TITLE | LAST TITLE |
|----------------|----------------|------------|
| FROM: TO: | | |

| NAME/TITLE OF SUPERVISOR | MAY WE CONTACT? | WAS EMPLOYMENT | REASON FOR LEAVING |
|--------------------------|-----------------|---------------------|--------------------|
| | YES NO | FULL TIME PART TIME | |

BRIEF DESCRIPTION OF DUTIES:

ENDING SALARY:

| NAME OF EMPLOYER | TYPE OF BUSINESS | | |
|------------------|------------------|--|--|
| | | | |

| ADDRESS | CITY | STATE | ZIP CODE | PHONE |
|---------|------|-------|----------|-------|
| | | | | |

| DATES EMPLOYED | STARTING TITLE | LAST TITLE |
|----------------|----------------|------------|
| FROM: TO: | | |

| NAME/TITLE OF SUPERVISOR | MAY WE CONTACT? | WAS EMPLOYMENT | REASON FOR LEAVING |
|--------------------------|-----------------|---------------------|--------------------|
| | YES NO | FULL TIME PART TIME | |

BRIEF DESCRIPTION OF DUTIES:

ENDING SALARY:

| NAME OF EMPLOYER | TYPE OF BUSINESS | | |
|------------------|------------------|--|--|
| | | | |

| ADDRESS | CITY | STATE | ZIP CODE | PHONE |
|---------|------|-------|----------|-------|
| | | | | |

| DATES EMPLOYED | STARTING TITLE | LAST TITLE |
|----------------|----------------|------------|
| FROM: TO: | | |

| NAME/TITLE OF SUPERVISOR | MAY WE CONTACT? | WAS EMPLOYMENT | REASON FOR LEAVING |
|--------------------------|-----------------|---------------------|--------------------|
| | YES NO | FULL TIME PART TIME | |

BRIEF DESCRIPTION OF DUTIES:

ENDING SALARY:

DRIVERS:

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE? YES NO

IF YES, LICENSE #

**LIST ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS UNDER "COMMENTS"

COMMENTS:
LIST ANY COMMENTS OR QUALIFYING STATEMENTS YOU CARE TO MAKE:

***PLEASE READ AND SIGN NEXT PAGE

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside the normally defined work day or work week.

I understand that I will be required to take a drug test, physical and receive certain vaccinations at the Authority's expense before employment begins.

Date:

Signature: