

Date: _____

Social Security #: _____



APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion, or national origin. The Age of Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40 years of age but less than 70. TITLE I employment provisions of the AMERICANS WITH DISABILITIES ACT of 1990 prohibits discrimination against qualified individuals with disabilities in job application procedures.

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

HOW LONG AT ABOVE ADDRESS? _____ PHONE: () _____

PREVIOUS ADDRESS: _____ HOW LONG? _____

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE US? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

DESIRED POSITION 1. _____ RATE OF PAY EXPECTED \$ _____ PER _____

2. _____ RATE OF PAY EXPECTED \$ _____ PER _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

HAVE YOU WORKED IN THE US BEFORE? YES NO IF YES, WHEN? _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB(S) FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC.

If you need additional space, please continue on a separate sheet of paper.

US ARMED FORCES YES NO BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO IF YES, PLEASE EXPLAIN

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME: _____ PHONE: () _____

ADDRESS: _____

RELATIONSHIP: _____

FORMER EMPLOYERS: LIST BELOW YOUR LAST 3 EMPLOYERS, STARTING WITH THE LAST ONE FIRST

EMPLOYER 1 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

EMPLOYER 2 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

EMPLOYER 3 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

EMPLOYER 4 MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		DUTIES
	FROM	TO	
ADDRESS			
PHONE NUMBER(S)	HOURLY RATE/SALARY		
JOB TITLE	STARTING	FINAL	
SUPERVISOR & DIRECT LINE/EXTENSION			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

