

**Application for Employment**  
EQUAL OPPORTUNITY EMPLOYER



**Personal Information**

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Name (last, first, middle):

Date:

Address:

City:

State:

Zip Code:

Phone: (       )

Email:

Position(s) applying for:

Referred by:    ☐ Ad    ☐ Friend    ☐ Relative    ☐ Agency    ☐ Other:

**Education Record**

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**High School:**

Address:

Did you graduate?    ☐ Yes    ☐ No

**College/University:**

Address:

Degree(s):

Years attended: 1   2   3   4

**Graduate School:**

Address:

Degree(s):

Years attended: 1   2   3   4

**Trade or Technical Training:**

Address:

Degree(s) or Diploma(s):

Years attended: 1   2   3   4

**Special Skills**

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Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

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## Employment History

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Please begin with most recent employer. Attach additional sheet if needed.

### 1. Employer:

Dates of Employment:

Address:

Phone: (       )

Job Title:

Job Duties:

Manager's Name:

May we contact this employer?

☐ Yes

☐ No

Reason for Leaving:

### 2. Employer:

Dates of Employment:

Address:

Phone: (       )

Job Title:

Job Duties:

Manager's Name:

May we contact this employer?

☐ Yes

☐ No

Reason for Leaving:

### 3. Employer:

Dates of Employment:

Address:

Phone: (       )

Job Title:

Job Duties:

Manager's Name:

May we contact this employer?

☐ Yes

☐ No

Reason for Leaving:

### 4. Employer:

Dates of Employment:

Address:

Phone: (       )

Job Title:

Job Duties:

Manager's Name:

May we contact this employer?

☐ Yes

☐ No

Reason for Leaving:

## References

### 1. Name:

Occupation:

Relationship:

Phone: (       )

Email:

### 2. Name:

Occupation:

Relationship:

Phone: (       )

Email:

### 2. Name:

Occupation:

Relationship:

Phone: (       )

Email:

## Personal Data

If employed, can you provide proof of authorization to work in the U.S.? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

Have you been employed here before? ☐ Yes ☐ No

## Availability

Please indicate the days and hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

## Applicant's Signature

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Signature

Date