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| **Human Resources Department**  Company address here  Company phone number here  **Company Name**  Employment Application    \_\_\_\_\_\_\_\_\_ is a drug free workplace  and an Equal Opportunity Employer |
| **Position Desired**  *Applicant Must Complete* |
| Position Desired: Date Available: |
| Type of Employment Desired: Part Time ❑ Full Time ❑ |
| Personal Information  Please complete all sections |
| Last Name: First Name: M.I. |
| Street Address: City: State/Zip |
| Home Phone: ( ) Alternate Phone: ( ) |
| E-mail Address: |
| Do you have a valid Driver’s License? Yes ❑ No ❑ Class: CDL? Yes ❑ No ❑ |
| Have you ever served in the military? Yes No Do you speak any other language(s)? Specify |
| Do you have the legal right to obtain employment in the United States? Yes ❑ No ❑ |
| Can you perform the essential functions and responsibilities of the position  for which you are applying? Yes ❑ No ❑  If not, explain: |
| Do you require any special accomodation to perform required duties? Yes ❑ No ❑  If yes, explain: |
| Have you ever worked for \_\_\_\_\_(name of agency)? Yes ❑ No ❑  If so, give date(s) of employment and position(s) held: |
| Do any of your relatives work for for \_\_\_\_\_(name of agency)? Yes ❑ No ❑  for? If Yes, State their name |
| List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received. |
| Have you ever been convicted of any criminal or driving offense(s) other than a minor traffic violation?  Yes ❑ No ❑ If yes, written documentation must be provided about criminal offenses from the clerk of court in the county in which the conviction was made, and about any driving offenses other than minor traffic violations from the motor vehicles office. |
| You must provide at least three current reference letters and/or the name of individuals with whom a reference interview can be conducted. Please give the full name, mailing address, and phone number of three references who have knowledge of your background and qualifications the field.  1.  2.  3. |
| **Education & Skills** |
| Level of education completed: High School ❑ GED ❑ College 0-3 yrs ❑ Degree : Assoc ❑ Bachelor ❑ Masters ❑  If degree, specify major:  Software Applications: Typing WPM: |

You may attach a copy of your resume to this application; however we require that the experience fields be completed on the application.

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| **Experience**  List last 5 years of work experience |
| From: / To: / Beginning Salary $ Ending Salary $ |
| Name of Employer: May we contact? Yes ❑ No ❑ |
| Address: City: State/Zip: |
| Supervisor’s Name: Phone Number: ( ) |
| Title and Duties Performed: |
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| Reason for Leaving: |
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|  |
| **Experience** |
| From: / To: / Beginning Salary $ Ending Salary $ |
| Name of Employer: May we contact? Yes ❑ No ❑ |
| Address: City: State/Zip: |
| Supervisor’s Name: Phone Number: ( ) |
| Title and Duties Performed: |
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| Reason for Leaving: |
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| I agree to carry out the designated responsibilities to the best of my ability. I have read the position description. I am aware there is a conditional period of 3 months prior to permanent employment.  I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorized investigation of statements made in this application and understand that false information may be grounds for denial of my position and/or dismissal if I am employed    SIGNATURE OF APPLICANT DATE |