

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment (cont'd)

Educational Background (if job related)

(A) List last three (3) schools attended, starting with most recent. (B) List number of years completed. (C) Indicate degree or diploma earned, if any. (D) Grade Point Average or Class Rank. (E) Major and minor field of study (if applicable).

A – School	B – Years Completed	C – Degree/Diploma	D- GPA / Class Rank	E – Major	E - Minor

List any foreign language(s) you know and check the boxed that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or other protected status).

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, disability or other protected status). _____

List any additional information you would like us to consider: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Employer	Dates Employed		Summary of nature of work performed and job responsibilities
	From	To	
Employer Phone ()			
Address	Hourly Rate/Salary Starting		
Job Title	\$	Per	
Immediate Supervisor and Title	Hourly Rate/Salary Final		
Reason for Leaving	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer	Dates Employed		Summary of nature of work performed and job responsibilities
	From	To	
Employer Phone ()			
Address	Hourly Rate/Salary Starting		
Job Title	\$	Per	
Immediate Supervisor and Title	Hourly Rate/Salary Final		
Reason for Leaving	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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Job Title	\$	Per	
Immediate Supervisor and Title	Hourly Rate/Salary Final		
Reason for Leaving	\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments (including explanation of any gaps in employment): _____

Skills and Qualifications: Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying _____

***It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

***I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

***The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

***This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

***I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

***I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: _____ Date: ____/____/____