



# Employment Application

Please complete and fax to 1-866-837-4561

We are an equal opportunity employer and do not unlawfully discriminate in employment. No questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of this organization.

## Personal Information

Applicant's Name \_\_\_\_\_

Desired Position(s) \_\_\_\_\_  Full-Time  Part-Time  Temporary

Date Available \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, are you legally allowed to work in the United States?  Yes  No

Have you ever pleaded guilty, no contest or been convicted of a crime?  Yes  No

If yes, give dates and details \_\_\_\_\_

## Employment History

### Most Recent Employer

Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Your Position \_\_\_\_\_ Salary \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

### Second Most Recent Employer

Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Your Position \_\_\_\_\_ Salary \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**References**

(List two references. Do not include relatives or employers)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Years Known \_\_\_\_\_

**Questions**

What do you like most about your profession? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you dislike about your profession? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explain where you plan to be in five years and how you're going to get there. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you were an animal what kind would you be and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets?  Yes  No How many? \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**After fully completed, please fax to 1-866-837-4561**