## **Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is 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 is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name:	Date:					
Position(s) applied for or type of work of	Salary De	alary Desired:				
Address:						
Telephone #	hone # Cell Phone #					
Email Address						
Type of work desired (circle one)	Full-Time	Part-Time	Γime Temporary			
Date you will be available to start work:						
Are you able to meet the attendance req	uirements?		Yes	No No		
Do you have any objections to working overtime if necessary?			Yes	No No		
Can you travel if required by this position		Yes	No No			
Have you previously been employed by						
Can you submit proof of legal employment authorization and identity?			Yes	No		
If you are under 18, can you furnish a work permit if it is required?			Yes	No		
Are you employed now?  Employer:  Address:	Posi	contact your present of tition Held:  lephone #:				
Immediate supervisor and title:						
Dates employed: from:  Job Summary:	to:	Salary	:			
Reason for Leaving:						
Employer:	Posi	ition Held:				
Address:	Te	lephone #:				
Immediate supervisor and title:						
	to:		::			
Reason for Leaving:						

<b>Employment History (continued</b>	)					
Employer:	oyer: Position Held:					
Address:	ddress: Telephone #:					
Immediate supervisor and title:						
Dates employed: from:	to:	Salary:				
Job Summary:						
Reason for Leaving:						
Other Skills and Qualifications Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:						
College:						
Technical Training:						
References						
Name	Telephone #'s	Years Known	Relationship			
I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make decisions and all other persons or organizations for providing such information.						
I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.						
If I am employed, I acknowledge that constitute an agreement or contract relationship at will, with or without care	for employment. Accordingly					
I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.						
I also understand that if I am employ authorization within three days of bei immediate termination of employmen	ng hired. Failure to submit suc					
I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions						
Applicant Signature:		Date:				