

# Application for Employment

FORM G2.03

PLEASE PRINT CURRENT AS OF 02/05

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Phone # ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Dates available for work.....\_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired [ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal

Please list the hours you are available to work:

Mon: \_\_\_\_\_ Wed: \_\_\_\_\_ Fri: \_\_\_\_\_ Sun: \_\_\_\_\_  
 Tues: \_\_\_\_\_ Thurs: \_\_\_\_\_ Sat: \_\_\_\_\_

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?..... [ ] Yes [ ] No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

## Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

## Educational Background (if job related)

NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

## References (Please provide the names of three persons you are not related to, whom you have known at least one year.)

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
1.		
2.		
3.		

## Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with most recent.

FROM	TO	EMPLOYER	TELEPHONE # (      )
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE OF PAY/SALARY	
		START \$	PER
		FINAL \$	PER
FROM	TO	EMPLOYER	TELEPHONE # (      )
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE OF PAY/SALARY	
		START \$	PER
		FINAL \$	PER
FROM	TO	EMPLOYER	TELEPHONE # (      )
STARTING JOB TITLE	FINAL JOB TITLE	ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT YOUR SUPERVISOR FOR REFERENCE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE OF PAY/SALARY	
		START \$	PER
		FINAL \$	PER

## Emergency Contact

Name	Home Phone
Relationship	Work Phone

## Applicant Statement & Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date