

# EMPLOYMENT APPLICATION

This employer complies with the American with Disabilities Act of 1990. We will not use information on this application to discriminate in employment opportunities or practices on the basis of race, color, disability, religion, gender, national origin, age, marital status, veteran's status, sex and genetic information or any other characteristic protected by applicable law.

## GENERAL INFORMATION

Position Desired: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Bldg #: \_\_\_\_\_

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

Home or Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No      Are you authorized to work in the United States?  Yes  No

## EMPLOYMENT HISTORY

List the last three positions you have held, beginning with most recent. All information must be completed, even if you are submitting a resume.

Date: MM/YYYY	Employer Name and Address	Position	Supervisor & Title	Phone#	Rate of Pay
From:					Started at:
To:					End:

Reason for Leaving: \_\_\_\_\_

May we contact?  Yes  No    If No, explain: \_\_\_\_\_

From:					Started at:
To:					End:

Reason for Leaving: \_\_\_\_\_

May we contact?  Yes  No    If No, explain: \_\_\_\_\_

From:					Started at:
To:					End:

Reason for Leaving: \_\_\_\_\_

May we contact?  Yes  No    If No, explain: \_\_\_\_\_

## EDUCATION

	Name & Location	Course of Study	Degree Earned
High School:			
College:			
Technical School:			
Certifications:			
Other:			

## PROFESSIONAL REFERENCES

Name	Relationship	Phone Number
1.		
2.		
3.		

---

## CERTIFICATION AND AGREEMENT

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omissions or misleading statements, I agree that my employers shall not be held liable in any respect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POST HIRE INFORMATION:** Your Social Security Number is required in our electronic onboarding system in order to begin the employment paperwork (electronic) process. This information will be kept confidential and is used only for payroll and tax purposes once you are an employee.

Social Security Number (SSN): \_\_\_\_\_