## **EMPLOYMENT APPLICATION**

EQUAL EMPLOYMENT OPPORTUNITY POLICY Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related Medical condition or handicap.

| Date of Application  |                           |                               | Social Security # |            | /       | /           |  |
|----------------------|---------------------------|-------------------------------|-------------------|------------|---------|-------------|--|
| Position Applied For |                           |                               | Phone             |            |         |             |  |
| Name                 |                           |                               |                   |            |         |             |  |
|                      | Last                      | Middle                        |                   | First      | t       |             |  |
| Home Addı            | ress                      | Apt. #                        | City              |            | State   | Zip         |  |
| Highest Edu          | ucation Level Completed _ |                               |                   |            |         |             |  |
| Are you ove          | er 18 years of age?       | Yes                           | No                |            |         |             |  |
| Date Employe         | d Employer                | WORK HIS<br>(START WITH PRESE | STORY             | )          |         |             |  |
| From                 | Name                      |                               | Position          | Supervisor | Keason  | For Leaving |  |
| To                   | Address                   |                               |                   |            | Phone # |             |  |
| For office use       | only                      |                               |                   |            |         |             |  |
| From                 | Name                      |                               | Position          | Supervisor | Reason  | For Leaving |  |
| То                   | Address                   |                               |                   |            | Phone   | #           |  |
| For office use       | only                      |                               |                   |            |         |             |  |
| From                 | Name                      |                               | Position          | Supervisor | Reason  | For Leaving |  |
| To                   | Address                   |                               |                   |            | Phone # | ŧ           |  |
| For office use       | only                      |                               |                   |            |         |             |  |

| Indicate languages you speak:   | read:  | write:   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| REFERENCES:  (Name 3 persons other than relatives, former employers, or persons whose identity might reveal or suggest religious or ethnic affiliation, include address and phone numbers.) |  |  |  |  |  |  |  |
| Name  | Address  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Do you have reliable transportation?  |  |  |  |  |  |  |  |
| Are you legally eligible for employment in  | the United States? Yes Y | No   |  |  |  |  |  |
| HAVE YOU EVER BEEN CONVICTED OF A  If yes, give date and explain fully. A criminal conviction seriousness and nature of the violation, and rehabilitatio                                    | on will not necessarily be a bar to employment. Any rele   | vant factors such as age at time of the offense, |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| The information provided in this Application omission of fact on this application may result  |  | e. If employed, any misstatement or              |  |  |  |  |  |
| I authorize investigation of all statements con<br>concerning my previous employment and any<br>all liability for any damage that may result fro  | pertinent information they may have persona  |  |  |  |  |  |  |
| I understand that acceptance of an offer of ememploy me in the future.  | nployment does not create a contractual oblig  | ation upon the employer to continue to           |  |  |  |  |  |
| SIGNATURE   |  | DATE   |  |  |  |  |  |