## Application for Employment EQUAL OPPORTUNITY EMPLOYER

## **Personal Data**

Name (last, first, middle)		Date			
Address					
City	State	Zip Code			
Cell Phone ( )	) Home Phone ( )				
Email Address					
If employed, can you provide proof of authority	□ Yes □ No				
Position(s) applying for:					
Referred by Ad Friend	□ Relative □ Agency	□ Other			
Emergency Contact Relationship and Phone	9				
Education Record					
High School:					
Did you graduate? □ Yes □ No					
College/University:					
Degrees or Diplomas		Years attended 1 2 3 4			
Trade or Technical Training:					
Degrees or Diplomas					
Special Skills					
Summarize any special skills or qualification to the job that you are applying for:	ons that you acquired through employ	nent or other experience that are applicable			

## **Employment History** (begin with most recent employer)

Date Month & Year	Name & Address of Employer	Position	Reason for Leaving
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

## **Personal Data**

Have you been employed here before?	□ Yes	□ No
May we contact your current employer?	□ Yes	□ No

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Applicant's Signature		Date
	DO NOT WRITE B	ELOW THIS LINE
Remarks:		
Hired:  yes  no	0	Start Date:
Department:		
Position:		
Full-Time	Part-time	
Salary or Hourly Wage Ra	te:	
Department Head Signatur	·e:	