



# EMPLOYMENT APPLICATION – E.O.E.

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
 DOB \_\_\_\_\_ Are you a citizen of the United States of America?  Yes  No  
 Have you applied here before?  Yes  No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_  
 Date Available to Start \_\_\_\_\_  Full time  Part time  Other \_\_\_\_\_  
 Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your most recent. Include military assignments and other volunteer activities.

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

## EDUCATION

Schools/Colleges Attended:	# Years	Degree	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a veteran of the U.S. Military service?  Yes  No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

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