



Application for Employment

Please Print

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

Telephone#: _____ Mobile/Other#: _____ E-mail: _____

How did you hear about us? _____

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

Date available for work..... ____/____/____ What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following 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.

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 _____

Employment History

Starting with your most recent employer, provide the following information.

Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for Leaving: _____

Are you eligible for rehire? _____ If no, explain: _____

Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for Leaving: _____

Are you eligible for rehire? _____ If no, explain: _____

Company Name: _____

Address: _____

Dates Employed: _____ Position Held: _____

Duties: _____ Reason for Leaving: _____

Are you eligible for rehire? _____ If no, explain: _____

Do we have permission to contact your past employer(s)? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Educational Background

(Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications & registrations)

Highest K-12 Grade Completed: _____ Did you graduate/achieve GED? Yes No

School	Name & Location of School	Major/Minor	# years completed	Did you graduate?	Type of Degree or Diploma
Undergraduate Colleges or Universities				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Vocational or Business Schools				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please list three personal references not related to you.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Applicant Statement

In consideration of my employment, I understand and agree:

1. Substance abuse testing may be required if there is a reasonable suspicion.
2. I will be required to provide legal proof of authorization to work in the U.S.
3. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. Any misstatement or omission of fact on this application, or failure to abide by the above stated actions, or policies and procedures of the Center shall be considered cause for termination of employment.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages that may result from furnishing such information to you.

I certify that I have read, fully understand, and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

