

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Welcome... your interest in employment with us is sincerely appreciated. Please feel free to include any additional information which you feel will be helpful in evaluating your qualifications. As an equal opportunity employer, it is our policy to provide equal opportunity in all areas of employment practice and to assure that there shall be no discrimination against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental disability, military status, sexual orientation, or any other legally protected characteristic.



PLEASE complete this application in ink or type. All information pertinent to your background should be included. Thank you.

PERSONAL

Name (Last, First, Middle)		Social Security No.	Email Address
Present Address		Phone No.	
Street _____		Home (_____) _____	
City _____ State _____ ZIP _____		Work (_____) _____	
If you have been at present address less than one year, please list previous address.		Other (_____) _____	
Street _____			
City _____ State _____ ZIP _____		Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License No.	State of Issue	Applying For	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Internship	
What kind of position would you prefer?		How did you learn of this opening?	
Date available for work	Salary expected	Would you be available to work nontraditional hours, such as nights and/or weekends?	
	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you would be able to work part-time or nontraditional hours, please detail your availability.			
In order to help us verify your credentials, please list any other name by which you have been known.			
Are you willing to relocate if the job requires relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any acquaintances or relatives associated with this organization.	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," explain.* (Attach separate sheet if necessary.)	

***Note: A criminal conviction is not an absolute bar to employment, but will only be considered in relation to specific job requirements.**

EDUCATION

School Name	School Address	Dates Attended	Graduation Date	
High School		From _____ To _____		Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University		From _____ To _____		Major _____ Degree Received _____
Graduate School		From _____ To _____		Major _____ Degree Received _____
Other (Business, Technical, etc.)		From _____ To _____		Major _____ Degree Received _____

List honors, scholarships, activities, etc. which you feel have a direct bearing on the job for which you are applying.

List any training courses or professional designations which you feel relate to the job for which you are applying.

Check skills and training acquired:

- | | | | |
|---------------------------------------------------|------------------------------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Data Entry | <input type="checkbox"/> 10-Key |
| <input type="checkbox"/> Database Applications | <input type="checkbox"/> Word Processing Applications | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Spreadsheet Applications | <input type="checkbox"/> Other Software Applications _____ | | |

EMPLOYMENT HISTORY

It is important that all employers are listed and employment time recorded accurately. **Indicate present or most recent employer first.**

Dates Employed	Company Name		
From To			
Address			Phone No.
Supervisor's Name & Title		Salary	Reason for leaving
		Starting \$ Final \$	
Your position & duties			

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Dates Employed	Company Name		
From To			
Address			Phone No.
Supervisor's Name & Title		Salary	Reason for leaving
		Starting \$ Final \$	
Your position & duties			

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job? Yes No

If "Yes," what job, and why? _____

May your present employer be contacted for a reference? Yes No

Why do you wish to change your present employment? _____

Which of your former jobs did you like best? _____

Why? _____

PROFESSIONAL REFERENCES

Exclude relatives.

Name & Occupation 1.	Relationship	Phone No. Work	Home
Address (City, State, ZIP)			
Name & Occupation 2.	Relationship	Phone No. Work	Home
Address (City, State, ZIP)			
Name & Occupation 3.	Relationship	Phone No. Work	Home
Address (City, State, ZIP)			

VISA INFORMATION

The federal immigration law requires every employee to certify his or her identity and eligibility for U.S. employment.

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes No

I understand and agree that any employment entered into between this company and me is conditioned upon the truthfulness of the statements contained in this application. I give you the right to investigate all statements given in this application. If hired, I agree to furnish proof of my eligibility to work in the United States (as specified in the Immigration Reform and Control Act of 1986) within seventy-two (72) hours of my starting date.

I understand that in making this application for employment an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I may be associated or acquainted. This inquiry may include, as appropriate, information as to my character, general reputation, personal characteristics, mode of living and driving record. I also understand that pursuant to the Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation, and that if information contained in a consumer report from a consumer reporting agency is relied on in denying me employment, I must be advised of this fact and supplied with the name and address of the consumer reporting agency making the report.

I further understand and agree that to the extent such consent may be legally necessary, my signature on this application shall constitute my consent, freely and voluntarily given, to obtain a copy of my driving record.

I agree that any lawsuit or claim against this company arising out of my employment or termination of employment must be brought within the following time limits: (a) for lawsuits requiring a Notice of Right to Sue from the Equal Employment Opportunity commission, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim; or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

I agree to disclose any financial or other personal considerations that may compromise or appear to compromise my professional judgment or activities.

I hereby acknowledge that I have read this employment application in its entirety, and I further understand that this application is not a contract of employment, and that any individual who is hired may voluntarily leave employment or be terminated by the employer at any time. I understand that any oral or written statement to the contrary is hereby expressly disavowed, and should not be relied upon by any prospective or existing employee.

Personal signature of applicant in ink _____ **Date** _____

TO BE COMPLETED BY HIRING SUPERVISOR			Supervisor must complete the ITS Security Access Form on Passport (100001).		
Start Date	Job Code	Job Title			
Company	Department Name			Department No.	
Location	Office Phone	Salary \$	Status <input type="checkbox"/> Regular Full-time <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Intern		
Shift	Schedule (Bi-weekly Hours) <input type="checkbox"/> 77.50 <input type="checkbox"/> 80.00 <input type="checkbox"/> Other _____		Access Card Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____		
Direct Supervisor's Signature		Direct Supervisor's Printed Name		Date	
Director's/Vice President's Signature		Director's/Vice President's Printed Name		Date	
HR Approval				Date	