



**EDUCATION**

High School or GED : \_\_\_\_\_ Graduated: Yes No

College or University: \_\_\_\_\_ Graduated: Yes No

What skills or additional training do you have that relates to the position for which you are applying?

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

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. if self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

**EMPLOYMENT**

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Dates Worked \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Dates Worked \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Dates Worked \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

**Give three references;**

Name

Email

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Morning:

Evening:

Nights:

Holidays:

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the organization's representative for details.