



**Application for Employment**

Note: Please ask if you need assistance completing this application

**Equal Opportunity Employer**

Information				
Last Name:	First Name:	MI:		
Present Address:	City:	State:	Zip:	
Home Phone:	Cell Phone:	E-mail:		
Position Applying For:				
Desired Wage/Salary:		Availability Date:		
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired)				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to minimum legal age requirements)				
Have you been convicted of a felony or released from prison within the past 10 years for an offense that may reasonably relate to the job duties of the position for which you are applying? <i>(A conviction may not necessarily disqualify you from employment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please indicate the date and nature of the offense:				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How did you learn about this position opening?				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				
Education				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Graduate School				
Other				
Skills				
<input type="checkbox"/> Typing ___ wpm <input type="checkbox"/> Ten-key <input type="checkbox"/> Receptionist # incoming lines _____ <input type="checkbox"/> Supervision (yrs. of experience) _____				
Proficient at: <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____				
Indicate other skills related to the position you are seeking:				

**Professional References**

Please list three persons, other than relatives, who we may contact about your professional work experience.

Name	Years Known	Relationship	Telephone Number

**Employment Record (Incomplete Application Cannot be Accepted)**

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer?  Yes  No

Employer:	Type of Business:	
City:	State:	
Job Title	Supervisor:	Supervisor Telephone:
Dates Employed:	Reason for Leaving:	Wage/Salary:
Duties:		

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City:	State:	
Job Title	Supervisor:	Supervisor Telephone:
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City:	State:	
Job Title	Supervisor:	Supervisor Telephone:
Dates Employed:	Reason for Leaving:	Wage/Salary:
Duties:		

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (Company) to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release the Company from any liability for future references it may provide regarding my work history with the Company.

Due to the substantial number of applications that the Company receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they or the Company may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

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Signature of Applicant

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Date