

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company.

Applicant full name: _____

Address: _____

City: _____ State: _____ Zip code _____

Telephone number: _____ Social Security # _____

Driver's license # and State issued from _____

Type of employment desired: ___ full time ___ part time (how many hours a week _____)

Date you will be available to begin work: _____ Today's date: _____

Can you submit proof of legal employment and identity? _____

How were you referred to us? _____

Were you previously employed by our organization? ___ No ___ Yes Dates _____

Education History: List school name and location, years completed, course of study, degrees

High School:

Technical Training:

College: _____

Summarize any other skills, training, certificates and/or qualifications you have (CPR, CDL, etc.)

Can you perform the essential functions of this job description? Yes _____ No _____

Employment History: Please provide all employment information for your past two employers starting with the most recent.

Employer: _____

Address _____ Phone # _____

Position held: _____ Immediate supervisor: _____

Dates employed: from _____ until _____ Salary _____

Job summary: _____

Reason for leaving:

Employer: _____

Address _____ Phone # _____

Position held: _____ Immediate supervisor: _____

Dates employed: from _____ until _____ Salary _____

Job summary: _____

Reason for leaving:

List three references: (do not include relatives or employers)

<u>Name</u>	<u>Phone number</u>	<u>Years known</u>
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I authorize the potential employer to contact, obtain and verify the accuracy of information in this application. I release from liability the employer for seeking, gathering, and using such to make an employment decision. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of application and/or termination of employment.

Signature: _____ Date: _____

PLEASE FAX TO: (502) 364-3200