

Employment Application – Short Form

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(____) ____ - ____ (____) ____ - ____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for _____ before? Yes No

If yes, when? _____

Do you have any friends or relatives working for _____? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at _____?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____		(____) ____ - ____	
Name of Employer		Telephone No.	
_____		_____	
Type of Business		Your Supervisor's Name	
_____		_____ - ____	
Address & Street		City	State Zip
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____		(____) ____ - ____	
Name of Employer		Telephone No.	
_____		_____	
Type of Business		Your Supervisor's Name	
_____		_____ - ____	
Address & Street		City	State Zip
Dates of Employment: _____		Weekly Pay: _____	
From	To	Starting	Ending

Your Position and Duties			

Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____		(____) ____ - ____	
First Name	Last Name	Telephone No.	
_____		_____ - ____	
Address & Street		City	State Zip
_____		_____	
Occupation	No. of Years Acquainted		

