

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor & title: _____
 Dates employed: from _____ to _____ Wage/salary: _____ hourly/annual
 MO/YR MO/YR
 Description of duties: _____
 Reason for leaving: _____

EDUCATIONAL HISTORY

Circle last year of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Was diploma obtained by passing H.S. Equivalency (GED) test? Yes ___ When _____ No ___

List schools attended, starting with most recent (college, high school, vocational school, etc.):

Name/location of school _____		
Degree _____	Major/courses _____	Did you graduate? _____
Name/location of school _____		
Degree _____	Major/courses _____	Did you graduate? _____
Name/location of school _____		
Degree _____	Major/courses _____	Did you graduate? _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training skills, licenses, certificates and/or other qualifications:

REFERENCES

List 3 reference names, telephone numbers & years known: (Do not include relatives or employers.)

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application, whenever it may be discovered, will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: _____ POSITION: _____ DEPT: _____
 WAGE: _____ STARTING DATE: _____ APPROVED: _____