



<b>Pay Rate:</b>	_____
<b>Project:</b>	_____
<b>Start Date:</b>	_____
<b>PM:</b>	_____
<b>Position:</b>	_____
<b>Raken:</b>	_____

# Employment Application

Programs, services, and employment are equally available to everyone. Please inform Human Resources Department if you require reasonable accommodation for the application or interview.

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

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Home/Cell	Drivers License Number	Social Security Number	
E-Mail Address		DOB:	

EMPLOYMENT INFORMATION
Salary/Hourly Rate: \$
Position/Skills:
Are you 18 years of age?
Have you ever worked for this company?
Are you legally allowed to work in the United States?
Type of employment desired?
Date available to start?
Have you ever pleaded guilty, no contest, or been convicted of a crime?
If yes, give details.

EDUCATION	
Name & Location of High School?	Did you graduate?
Name & Location of College?	Years attended:
Degrees completed:	

\_\_\_\_\_ AM \_\_\_\_\_ CF

**PREVIOUS EMPLOYMENT**

Name & Address:
Position held:
Dates of Employment:
Reason for Leaving?

Name & Address:
Position held:
Dates of Employment:
Reason for Leaving?

**REFERENCES**

Name & Address:	Phone:	Relationship:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: \_\_\_\_\_

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