

Application for Employment

Position(s) applied for _____

Date of application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Social Security No. _____ E-mail address _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____

If necessary, best time to call you at home is _____ : _____
AM PM

May we contact you at work? Yes No

If yes, work number and best time to call (____) _____ : _____
AM PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / /

Have you ever been employed here before? Yes No

If yes, give date(s) From _____ / / To _____ / /

Are you legally eligible for employment in this country? Yes No Date available for work _____ / /

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever pled "guilty" or been convicted of a crime? **(HAWAII FACILITY APPLICANTS DO NOT ANSWER)** Yes No

If yes, please provide date(s) and details _____

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM		
ADDRESS	TO		
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY		
	STARTING		
	\$		
IMMEDIATE SUPERVISOR AND TITLE	PER		
REASON FOR LEAVING	HOURLY RATE/SALARY		
	FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$		
	PER		
EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM		
ADDRESS	TO		
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY		
	STARTING		
	\$		
IMMEDIATE SUPERVISOR AND TITLE	PER		
REASON FOR LEAVING	HOURLY RATE/SALARY		
	FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$		
	PER		
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	STARTING	
	\$	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	
	PER	
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	STARTING	
	\$	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	
	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Applicant Statement

I declare under penalty of perjury under the laws of the state in which the business to which I am applying is located that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that I am an at-will employee. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I have read, fully understand, and accept all terms of the above Applicant Statement.

Signature

Date ____ / ____ / ____