

# APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for:			Date of application:		
Name:					
Last		First		Middle	
Address:					
Street		City		State	Zip
Phone:			Mobile/Beeper/Other:		
E-mail Address:			Referral Source:		
Have you ever been employed here before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates and position(s):					
Are you legally eligible for employment in this country?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work:			Desired salary range:		
Type of employment desired:			What side of town do you prefer to work:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
Scheduling availability:		Days		Time(s)	Notes/Comments
		<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide date(s) and details:					
<b>Employment History</b>					
Starting with your most recent employer, provide the following information.					
Employer		Phone		Dates employed: Month Year to Month Year	
Street Address		City State		<b>Compensation (Starting)</b>	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per	
Starting job title		Final job title		Commission/Bonus/Other Compensation: \$	
		<b>Compensation (Final)</b>			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/Other Compensation: \$	
				Why did you leave?	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What did you like least about your position?					
Employer		Phone		Dates employed: Month Year to Month Year	
Street Address		City State		<b>Compensation (Starting)</b>	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per	
Starting job title		Final job title		Commission/Bonus/Other Compensation: \$	
		<b>Compensation (Final)</b>			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
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				Why did you leave?	
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