



## Initial Application for Employment

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, national origin, marital status, disability or any other classification in accordance with Federal, state, and local statutes, regulations and ordinances. This application form is intended for use in evaluating your qualification employment. Account for any gaps in employment including military service and any periods of unemployment. A job offer may be contingent upon acceptable references from current and former employers.

**GENERAL**

Date: \_\_\_\_\_ Position applying for \_\_\_\_\_ When can you start? \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

	Street	City	State	Zip
Current Address:	_____	_____	_____	_____
Previous Address:	_____	_____	_____	_____

Education Highest grade completed. Write /Circle \_\_\_\_\_ 7 8 9 10 11 12 13 14 15 16 16+

Are you at least 18 years of age or older?     Yes     No

**JOB RELATED SKILLS**

Do you have an appropriate valid driver's license?  
 Yes    No   If yes, DL# \_\_\_\_\_ Type \_\_\_\_\_ Issue State \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  
 Yes    No   If yes, give details \_\_\_\_\_

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?  
 Yes    No

Will you need any accommodations? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST EMPLOYMENT**

Most Recent Employers	
Month / Year	Month / Year
Employed From: _____ / _____ Company: _____ Phone: _____ Job Title: _____ Salary: \$ _____ Per (O Hour, O Week, O Year)	Employed To: _____ / _____ City/ State _____ Supervisor: _____ Duties: _____ Reason for Leaving: _____
Employed From: _____ / _____ Company: _____ Phone: _____ Job Title: _____ Salary: \$ _____ Per (O Hour, O Week, O Year)	Employed To: _____ / _____ City/ State _____ Supervisor: _____ Duties: _____ Reason for Leaving: _____

I certify that all information provided in this employment application is true and complete.

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