

One-Stop Partnership

Application for Employment

**PERSONAL** (RESUME MAY BE ATTACHED) DATE:

NAME LAST       FIRST  MIDDLE INITIAL

TEMPORARY ADDRESS       CITY       STATE       ZIP CODE

PERMANENT ADDRESS       CITY       STATE       ZIP CODE

AREA CODE – TEMPORARY PHONE NUMBER       AREA CODE – PERMANENT PHONE NUMBER

SOCIAL SECURITY NUMBER

ARE YOU FLUENT IN:

ENGLISH  SPANISH  BI-LINGUAL

FOR WHAT POSITION ARE YOU APPLYING?       SALARY EXPECTATIONS?       DATE AVAILABLE?

HOW DID YOU BECOME AWARE OF THIS POSITION?

ARE YOU RELATED TO ANYONE EMPLOYED BY THE COMPANY? IF YES, WHO AND WHAT IS YOUR RELATIONSHIP?

NO  YES

WILL YOU WORK OVERTIME, IF REQUIRED? WILL YOU WORK WEEKENDS, IF REQUIRED?

NO  YES  NO  YES

# EDUCATION

Achieved High School Diploma/GED?

YES  NO FROM TO DIPLOMA/DEGREE

(Include Education in Progress) (MO. YR.) (MO. YR.) DATE MAJOR

HIGH SCHOOL/LOCATION

TECHNICAL SCHOOL/COLLEGE LOCATION

PLEASE LIST SPECIAL SKILLS, CERTIFICATIONS OR QUALIFICATIONS YOU POSSESS (SUCH AS FOREIGN LANGUAGE FLUENCY, CPA, COMPUTER SKILLS, ETC.)

# EXPERIENCE

Please list all past work history including military and summer work. Use additional paper if necessary. (Please complete fully even if submitting resume)

START WITH PRESENT/LAST EMPLOYER

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| PRESENT/LAST EMPLOYER | | | EMPLOYER’S ADDRESS AND PHONE NUMBER | | | | |
| LAST SUPERVISOR/PHONE NUMBER | | | | REASON FOR LEAVING | | | DATES OF EMPLOYMENT  FROM:       TO: |
| STARTING SALARY | | PRESENT/LAST SALARY | | | PRESENT/LAST BONUS/COMM. | YOUR JOB TITLE(S) | |
| DESCRIBE YOUR DUTIES AND RESPONSIBILITIES | | | | | | | |
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| EMPLOYER | | | EMPLOYER’S ADDRESS AND PHONE NUMBER | | | | |
| LAST SUPERVISOR/PHONE NUMBER | | | | REASON FOR LEAVING | | | DATES OF EMPLOYMENT  FROM:       TO: |
| STARTING SALARY | | PRESENT/LAST SALARY | | | PRESENT/LAST BONUS/COMM. | YOUR JOB TITLE(S) | |
| DESCRIBE YOUR DUTIES AND RESPONSIBILITIES | | | | | | | |
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| EMPLOYER | | | EMPLOYER’S ADDRESS AND PHONE NUMBER | | | | |
| LAST SUPERVISOR/PHONE NUMBER | | | | REASON FOR LEAVING | | | DATES OF EMPLOYMENT  FROM:       TO: |
| STARTING SALARY | | PRESENT/LAST SALARY | | | PRESENT/LAST BONUS/COMM. | YOUR JOB TITLE(S) | |
| DESCRIBE YOUR DUTIES AND RESPONSIBILITIES | | | | | | | |
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PLEASE PROVIDE THREE BUSINESS REFERENCES OTHER THAN THOSE LISTED ABOVE

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| NAME | TITLE | PHONE NUMBER | LENGTH OF TIME KNOWN |
| NAME | TITLE | PHONE NUMBER | LENGTH OF TIME KNOWN |
| NAME | TITLE | PHONE NUMBER | LENGTH OF TIME KNOWN |

PLEASE READ THE FOLLOWING VERY CAREFULLY BEFORE SIGNING.

I acknowledge that the information I have supplied is correct to the best of my knowledge and belief without any omissions of any kind whatsoever. I understand that any falsifications, misrepresentations or omissions of fact may be grounds for rejection of my application or discharge at any time during my employment.

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I authorize the Company to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the Company to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by providing information to the Company.

I understand that nothing in this application is intended to imply or create a contract of employment. I further understand that, if hired, my employment is at–will and can be terminated at any time for any reason, by the Company or me, with or without notice.

I acknowledge and agree that employment in the position for which I have applied may be contingent upon completion of a Company-paid physical examination. In addition, I understand that employment in this position is contingent upon successful completion of a test for the presence of illegal substances.

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| APPLICANT’S SIGNATURE | DATE (MONTH & YEAR) |