



Employment Application

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Are you over 18 years old? Y N

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

How did you hear about this job? _____ Were you referred by an employee? _____

Desired Employment Position: _____ Have you ever applied before? _____

Date available for work: _____ Salary required: _____ per _____

Please list the name and phone number, for the person you would like us to contact, should you ever have an emergency at work, and the relation of the person: _____

Education

High School

Name of school: _____ Address: _____

Phone: _____ Years completed? _____

Did you graduate? _____ Degree Type: _____

College

Name of school: _____ Address: _____

Phone: _____ Dates Attended: _____

Did you graduate? _____ Degree Type: _____ Major: _____

Other

Name of school: _____ Address: _____

Phone: _____ Dates Attended: _____

Did you graduate? _____ Degree Type: _____ Major: _____

Special Courses (Please list any additional training you may have received, including military training, apprenticeship programs, vocational training, courses or seminars, etc.):

Employment History

Present or Most Recent Employer

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Additional Employment History

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Company Name: _____ Employer's Phone #: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Starting salary: _____ Ending Salary: _____ Supervisor's Name: _____

Job Duties: _____

Reason for leaving: _____

_____ May we contact this employer? _____

Professional Licenses/Certifications

License/Certification	State	License Number	Date Expires

References (Please do not include family members or relatives)

Name	Current Position and Company	Phone Number

Special Questions

Do you have any physical limitations, which would preclude you from performing the essential functions of this job, with or without accommodations? The essential functions of the position include:

- Lifting 30 – 50 lbs. dozens of times a day
- Some heavy cleaning
- Going on walks up to 1 mile
- Holding children, standing for more than one hour at a time
- Bending over to pick up children weighing between 10 and 50 pounds

YES: _____ NO: _____

If yes, what accommodations could be made to allow you to perform the essential functions of the position?

Have you ever been convicted of a felony criminal offense? YES: _____ NO: _____

If yes, please explain: _____

Are you legally eligible for employment in the United States of America? YES: _____ NO: _____

I certify that the information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability. I understand that any falsification misrepresentation or omission in my interviews or any other employment record will be sufficient reason to deny employment and/or may be reason for future dismissal.

Signature: _____ Date: _____