



**APPLICATION  
FOR  
EMPLOYMENT**  
(Revised March 20, 2014)

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Position Applying For \_\_\_\_\_ Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(City) (State) (Zip)

Contact Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Employment Desired? Full Time  Part Time  Temporary  Seasonal

Date Available for Work \_\_\_\_\_

Are you 14 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver license? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to meet the requirements of the position? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you related to anyone in the Division for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony in the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.**

**RECORD OF EDUCATION**

School Name	Name with Complete Address	Course of Study	Last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List Names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.  
**Note: A job offer may be contingent upon acceptable references from current and former employers.**

Name of Employer		Title and Duties
Address		Dates of Employment (MO/YR): From _____ To _____
City, State, Zip Code		Pay: Start \$ _____ Final \$ _____
Supervisor(s)	Telephone	Reason For Leaving
Name of Employer		Title and Duties
Address		Dates of Employment (MO/YR): From _____ To _____
City, State, Zip Code		Pay: Start \$ _____ Final \$ _____
Supervisor(s)	Telephone	Reason For Leaving
Name of Employer		Title and Duties
Address		Dates of Employment (MO/YR): From _____ To _____
City, State, Zip Code		Pay: Start \$ _____ Final \$ _____
Supervisor(s)	Telephone	Reason For Leaving
Name of Employer		Title and Duties
Address		Dates of Employment (MO/YR): From _____ To _____
City, State, Zip Code		Pay: Start \$ _____ Final \$ _____
Supervisor(s)	Telephone	Reason For Leaving

List any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying. (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

**Personal References (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.  
 I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I shall be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.  
 I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature:

Date: