



Employment Application – Short Form

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(____) ____ - ____ (____) ____ - ____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for _____ before? Yes No

If yes, when? _____

Do you have any friends or relatives working for _____ ? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at _____ ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)



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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Health Care Training	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			



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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone No. () -

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No. () -

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

Telephone No. () -

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

