



# Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-3 and BACKGROUND REQUEST

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

Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Present address: \_\_\_\_\_  
NUMBER STREET CITY, STATE ZIP

How long? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_

Position applied for: \_\_\_\_\_

Employment desired: Full-time only Part-time only Full- or Part-time

When are you available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	SUBJECT/ DEGREE
<u>High School:</u>				
<u>College:</u>				
<u>Business or Trade School:</u>				
<u>Professional School:</u>				

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME?      NO      YES

If yes, explain conviction(s), nature of offense(s) leading to conviction, when such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Please list any information on the back of this page ⇨

I understand that according to House Bill 628 (1994) "For this type of employment, State Law requires a criminal background check as a condition of employment" and that a criminal background check will be conducted prior to being offered a position.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICAL RECORD:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of an agency job position: While performing the duties of this job, the employee is regularly required to talk and hear. The employee frequently is required to stand; to sit; to use hands to finger, handle, or feel; and to reach with hands and arms. The employee occasionally is required to stoop, kneel, crouch, or crawl. The employee occasionally must lift and/ or move up to 25 pounds. Specific visual abilities required by this job include close vision, distance vision, peripheral vision, and depth perception.

Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions of this position. Do you have the physical capacity to perform the job duties of the position for which you are applying?      YES      NO

If NO, please list the reasonable accommodations that would be needed to enable you to perform the job duties:



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Do you have a driver's license?    YES            NO

Have you had any accidents during the past 3 years?            YES      NO            How many? \_\_\_\_\_

Have you had any moving violations during the past 3 years?    YES      NO            How many? \_\_\_\_\_

Are you a U.S. citizen?                    YES            NO

If no, do you have legal documentation allowing you to work in the U.S.?    YES    NO

Please list 2 references, other than a relative or previous employers:

(1) Name: _____ Position: _____ Company: _____ Address: _____ _____ Telephone: (____) ____-____	(2) Name: _____ Position: _____ Company: _____ Address: _____ _____ Telephone: (____) ____-____
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An application form, sometimes, makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**WORK EXPERIENCE:** Please list your work experience for the last 5 years. Begin with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if needed.

NAME OF PRESENT EMPLOYER:  ADDRESS:  CITY, STATE ZIP:  TELEPHONE: (    )	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">LAST SUPERVISOR</th> <th style="font-size: small;">EMPLOYMENT DATES</th> <th style="font-size: small;">PAY or SALARY</th> </tr> <tr> <td style="font-size: x-small;">Name:</td> <td style="font-size: x-small;">From:</td> <td style="font-size: x-small;">Start:</td> </tr> <tr> <td></td> <td style="font-size: x-small;">To:</td> <td style="font-size: x-small;">Final:</td> </tr> </table>	LAST SUPERVISOR	EMPLOYMENT DATES	PAY or SALARY	Name:	From:	Start:		To:	Final:	YOUR LAST JOB TITLE:  
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Name:	From:	Start:									
	To:	Final:									
REASON FOR LEAVING (BE SPECIFIC):  List the jobs you held, duties you performed, skills used or learned, advancements, or promotions while you worked at this company:  											
MAY WE CONTACT THIS EMPLOYER:    YES      NO      If no, please explain why.											

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Did you complete this application yourself?    YES    NO  
 If not, who did? \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

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

