

## Applicant Instructions

Please read thoroughly all sections of this application. If you need assistance completing the application please notify the person who gave you the application and every attempt will be made to accommodate your needs.

Print clearly, Illegible applications will not be considered.

Complete all sections of the application. If not answering a question, please mark it N/A (not applicable) so that it is not viewed as incomplete. Provide only the requested information.

Contact numbers on this application will be used- if not accurate, we will not be able to contact you.

### **NOTE:**

**Licensing and certification requires High School equivalence, and prohibits felony convictions under current State regulation.**

Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Position (s) Applying for (if known): \_\_\_\_\_ eMail: \_\_\_\_\_

### Employment History

**Employer** and Full Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Contact Name & Position: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

May we contact/contact instructions: \_\_\_\_\_

**Employer** and Full Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Contact Name & Position: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

May we contact/contact instructions: \_\_\_\_\_

**Employer** and Full Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Contact Name & Position: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

May we contact/contact instructions: \_\_\_\_\_

Please attach a resume or extra paper if you have more experience to list.

Please explain any gap in employment of more than 6 months:

Please list any licenses, certificates, or special skills that you feel would be of value to an employer:

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#### Educational Background

High School or GED Agency:	Address:	Graduated	Degree or Certification:
Name of Institution:	Address:	Graduated	Degree or Certification:
Name of Institution:	Address:	Graduated	Degree or Certification:

#### Work / Professional References

Name	Telephone:	Length Known:	Position:
Name	Telephone:	Length Known:	Position:
Name	Telephone:	Length Known:	Position:

## Applicant Attestations (Initial each point)

\_\_\_\_ By signing below, the applicant attests that he/she is at least 18 years of age and holds, or has the ability to obtain, any required appropriate, valid, driver's license within the shortest legally allotted time.

\_\_\_\_ By signing below, the applicant acknowledges and authorizes the process of reference checking. The applicant authorizes verification of any information contained within this application and releases all former employers, persons, schools, companies and law enforcement authorities from any liability whatsoever for releasing such information.

\_\_\_\_ By signing below, the applicant acknowledges that if hired] proof of employment eligibility will be required within three working days of hire date. This is done via the 1-9 (USCIS 1-9, Employment Eligibility Verification).

\_\_\_\_ **By signing below, the applicant acknowledges that licensing and certification requires High School Diploma or GED and that the employee has (or can provide with minimum notice) proof of receipt of this educational marker; and, that felony conviction prohibits certification and licensing under current State regulation.**

\_\_\_\_ By signing below, the applicant acknowledges that use of illegal drugs is prohibited during employment and that if policy requires, is willing to submit to drug testing prior to and during employment.

\_\_\_\_ By signing below the applicant verifies that the statements made here on this application are true and complete. The applicant also understands that if hired, any false or incomplete information in this application will provide grounds for discharge.

\_\_\_\_ By signing below, the applicant acknowledges that nothing on this application is intended to create or imply a contractual relationship. If hired, the applicant understands that employment is at-will and may be terminated by the applicant or the company at any time with or without reason.

I, \_\_\_\_\_ acknowledge and state that I have read and completed this application for employment and that it is complete accurate to the best of my knowledge. By initial above and signature below, I attest to these statements pertaining to my application for employment.

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