



Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, marital or familial status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ()		
	E-mail Address		Cell Phone Number ()		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Date Available to Begin Work		
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year ____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed with our organization before? If yes, give dates. From ____/____/____ to ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		Course of Study	Did you Graduate?	Diploma or Degree Earned	GPA
	High School				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
	College				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
	Dates Attended	From	To				
Graduate Studies				() Yes () No	<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral		

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than two jobs, provide this information on another sheet and attach to this Application Form.

Present or Last Employer

If current employer, may we contact? Yes No

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	

