

AN EQUAL  
OPPORTUNITY  
EMPLOYER

DRUG FREE  
WORKPLACE

## EMPLOYMENT APPLICATION

Applications are accepted and employees are hired without regard to race, creed, and color, sex, religion, age, and national origin, physical or mental handicap. In addition, we encourage the employment of veterans. The receipt of this application does not mean that job openings exist now and does not obligate us in any way. We appreciate your interest in our organization.

Date of Hire: \_\_\_\_\_ W/C Code: \_\_\_\_\_ Dept #: \_\_\_\_\_ Emp #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position \_\_\_\_\_ Rate \_\_\_\_\_

Referred By: \_\_\_\_\_ (Print Name) Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
No. Street City State Zip

How long have you lived at above address? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City State Zip

Driver's License: State Issued: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

What languages can you read, write, and speak fluently? \_\_\_\_\_

Are you over the age of 18? Yes  No  If NO, employment is subject to verification that you are of minimum legal age.

Are you a citizen of the United States? Yes  No  If NOT a citizen of U.S., can you provide proof that you can legally be employed in the U.S.?  
Yes  No

### EMPLOYMENT INFORMATION

Position applying for \_\_\_\_\_ Date available for work \_\_\_\_\_

What salary do you expect? \_\_\_\_\_ Type of employment: Full Time  Part Time  Temporary

What days and hours, if part time? Days \_\_\_\_\_ Hours \_\_\_\_\_

Have you ever applied for a job with us before? Yes  No

Have you ever worked directly for EMEGC/APSI/CES before? Yes  No

Have you ever worked for EMEGC/APSI/CES via trade's source? Yes  No  (If yes, complete section at bottom of next page)

Do you have any relatives working for the company? Yes  No  If so, where \_\_\_\_\_ who \_\_\_\_\_

Have you ever been convicted of any crime other than a minor traffic violation? Yes  No  If YES, state date, court and place where offense occurred \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? Yes  No  If YES, explain \_\_\_\_\_

Does your present employer know of your plans to change employment? Yes  No   
Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material) Yes  No

How much time have you lost from work during this past year? \_\_\_\_\_

Would you have steady transportation to work? Yes  No

Are there any other experiences, skills, or qualifications, which you feel would especially fit you for work with this organization?  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Schooling	Years Completed	Degree Received and Major Subject	Name of School	Location	Did you Graduated?
Grammar School Or High School					
Trade, Business, or Correspondence					
College					
Graduate School					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate was received.

**PRIOR WORK RECORD**

**(Start with most recent or present employer)**

1. Name and Address of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Immediate Supervisor (Name & Position) \_\_\_\_\_ Date Hired \_\_\_\_\_ Starting Rate \_\_\_\_\_

---

Your Job Title & Duties \_\_\_\_\_ Date Left \_\_\_\_\_ Last Rate \_\_\_\_\_

---

Reason for Leaving \_\_\_\_\_

2. Name and Address of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

---

Immediate Supervisor (Name & Position) \_\_\_\_\_ Date Hired \_\_\_\_\_ Starting Rate \_\_\_\_\_

---

Your Job Title & Duties \_\_\_\_\_ Date Left \_\_\_\_\_ Last Rate \_\_\_\_\_

---

Reason for Leaving \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_  
If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

**REFERENCES**

*(Do not list relatives or former employers)*

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

*The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.*

*In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period to receive additional, detailed information about the nature and scope of this investigative consumer report.*

*I agree to be employed on a 90 calendar days probationary period and I may be dismissed at any time during this period at the discretion of the employer. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages due to furnishing such information.*

I worked for EMEGC/APSI/CES through a trade service named: \_\_\_\_\_ (Print)  
from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_  
Month / Year Month / Year Job Name Supervisor (Print Name)

\_\_\_\_\_  
Signature of Applicant Date