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## Employment Application – Short Form

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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	Email Address	

**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.)

**Education, Training and Experience**

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

**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.

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Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

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

May we contact this employer for a reference? .....  Yes  No

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Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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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.

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

