

SAMPLE EMPLOYMENT APPLICATION

Sample Company is an equal opportunity employer and fully subscribes to the principles of equal employment. All applicants and employees are considered for hire, promotion, and hiring status without regard to race, color, religion, sex, national origin, age, handicap or status as a disabled veteran.

Directions: Save this document onto a permanent storage device such as a flash drive. Then, complete all questions by either typing answers into the text boxes choosing from the drop down options. Print the application.

Position for which you are applying:		
Other positions for which you would like to be considered:		
First Name:	Last Name:	Middle Initial:
Street Address:		Apartment Number:
City:	State:	Zip Code:
Daytime Telephone Number:	Evening Telephone Number:	Cell Number:
Have you even been employed by this company? Select One		
If YES, please provide dates of employment: From: To:		
What starting salary would be acceptable to you? \$		
What is the earliest date you are available to start work?		Are you available for full or part time work? Full Time
Hours Preferred:	<input type="checkbox"/> No Preference	OR I prefer to start work at (enter start time): Click here to enter text.
Days of the Week:	<input type="checkbox"/> No Preference	OR Check those days of the week that you prefer to work:
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
List any physical or intellectual problems that my prevent you from performing the duties of your job:		
What alterations to the workday or environment are needed to help you perform the required duties of your job?		
EMPLOYMENT HISTORY: (Begin with present or last position)		
Employer:	Supervisor:	
Address:	Phone Number:	
Position:	Salary: \$	
Responsibilities:		
Reason for leaving:		
EMPLOYMENT HISTORY: (continued)		
Employer:	Supervisor:	
Address:	Phone Number:	
Position:	Salary: \$	
Responsibilities:		
Reason for leaving:		
Special Skills/Qualifications: (job related licenses, skills, training, awards and special accomplishments)		

MILITARY EXPERIENCE? Yes No

If YES:

Dates of active duty: From: To:

Primary responsibilities:

Respond to the following questions?

Are you eligible to work in the United States? Yes No .

Have you ever been convicted of a felony? * Yes No .

Have you ever been convicted of a drug-related crime? * Yes No .

Do you possess a valid driver's license? Yes No .

*Conviction will not necessarily disqualify the applicant from employment.

Please provide three references. (excluding family and former employers)

Reference Name	Address and Phone Number	Occupation

All information supplied by the applicant is subject to review and verification by the employer.

In one or two paragraphs, please describe the qualifications that you have and how these qualifications make you a good candidate for this position.

PRINT AND SIGN

I certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand that any false information may result in the rejection of the application and or dismissal from employment.

PRINTED NAME: _____ SIGNATURE: _____

DATE: _____