



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry citizenship, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Today's Date: _____ Position(s) applied for: _____

Name in Full: _____
First Middle Last

Address: _____
Street Town State Zip

Telephone: _____ E-mail: _____

Do you have authorization to work in the U.S.? Yes No

Have you ever been employed with us before? Yes No If Yes, give date _____

What experience do you have for the position you are applying for: _____

What date would you be available for work?: _____ Salary desired: _____

May we contact your present employer? Yes No Phone/Contact: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Education

High School: _____ Years completed: _____

Town, State: _____

College: _____ Years completed: _____ Graduate? _____

Town, State: _____ Degree/Major: _____

Graduate Work / College: _____ Degree: _____

Town, State: _____

Other classes, certifications, honors, affiliations relevant to the position: _____

-over-

Previous Employment or References

1. Position: _____ Employer: _____

Work performed: _____

Address: _____

Phone: _____ Date employed: From: _____ To: _____

REASON FOR LEAVING: _____

2. Position: _____ Employer: _____

Work performed: _____

Address: _____

Phone: _____ Date employed: From: _____ To: _____

REASON FOR LEAVING: _____

3. Position: _____ Employer: _____

Work performed: _____

Address: _____

Phone: _____ Date employed: From: _____ To: _____

REASON FOR LEAVING: _____

Employment with this organization is at the mutual consent of the employer and employee, and either party may terminate that relationship at any time with or without cause and with or without any advance notice being required

Falsifying information on this application will result in immediate termination of employment.

Please note that The Connection screens all potential staff on the National Sex Offender Public Registry. By completing this form, you are submitting to such an inquiry.

Signature: _____ Date: _____