Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.			Date of Interview (Month/Day/Year): / /	
Applicant Data			Position Applied for:	
How were you referred to us:				
Full Name:				
Address:	City:	5	State: Zip:	
Phone:	Mobile/Pager/Other:	E	E-mail:	
Date Available to Start:	Social Security Number: -	- 5	Salary Requirements:	
If you are under 18 years of age, can you pr	ovide a work permit? 🗖 Yes 🗖 No	If no, please	explain:	
Have you ever worked for this company?	Yes No If yes, when	?		
Are you legally allowed to work in the Unite	d States?			
Type of employment desired: ☐ Full-Time	Part-Time Temporary Seasona	al		
Have you ever pleaded guilty, no contest or	been convicted of a crime? Yes No	If ye	es, give dates and details:	
Answering yes to these questions does not c violation, rehabilitation and position applied		ment. Date of	the offense, seriousness and nature of the	
Driver's license number (if applicable to pos	tion):		State:	
Education History				
Name & Location of High School:			Did you graduate?	
Name & Location of College:			Years attended:	
Degrees completed:	Other Su	Other Subjects Studied:		
Trade, Business or Correspondence Schoo	l:		Years attended:	
Subjects Studied:			Did you graduate:	
Summarize Your Special Skills or Q	ualifications			

Previous Employment (begin with m	ost recent position		THE PERSON NAMED IN COLUMN
Dates of Employment: From///	To//	Position(s) Held:	
Company Name		Address:	
City:	State:		Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			
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May we contact this employer for a reference?	Yes No		
Dates of Employment: From///	To//	Position(s) Held:	
Company Name		Address:	
City:	State:		Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			
May we contact this employer for a reference? \Box	Yes No		
Dates of Employment: From//	To//	Position(s) Held:	
Company Name		Address:	
City:	State:		Zip:
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title:	Ending Salary and Title:		
Reason for Leaving:			
May we contact this employer for a reference? \Box	Yes No		
"I certify that the facts contained in this application are trugrounds for dismissal. I authorize investigation of all state previous employment and any pertinent information they need to information. I also understand and agree that no repeated any agreement contrary to the foregoing, unless it is lated or medical information in a manner prohibited by the	ements contained herein and the may have, personal or otherwis presentative of the company has as in writing and signed by an a	he references and employers listed abov se, and release the company from all lia as any authority to enter into any agreer authorized company representative. Thi	re to give you any and all information concerning my bility for any damage that may result from utilization of ment for employment for any specified period of time, or to is waiver does not permit the release or use of disability-re
Signature of Applicant:		Date:	

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.