## **Employment Application**

Programs, services and employment are equal Department if you require reasonable accomm	Resources Date of Interview (Month/Day/	Year):		
Applicant Data		Position Applied for:		
How were you referred to us:				
Full Name:				
Address:	City:	State: Zip:		
Phone:	Mobile/Pager/Other:	E-mail:		
Date Available to Start:	Social Security Number: -	- Salary Requirements:		
If you are under 18 years of age, can yo	u provide a work permit? 🗖 Yes 🗖 No	If no, please explain:		
Have you ever worked for this company	? 🗖 Yes 🗖 No 💮 If yes, wh	en?		
Are you legally allowed to work in the L	Inited States?    Yes    No			
Type of employment desired:   Full-	Time ☐ Part-Time ☐ Temporary ☐ Seaso	onal		
Have you ever pleaded guilty, no contes	t or been convicted of a crime?	No If yes, give dates and details:		
Answering yes to these questions does r violation, rehabilitation and position app		oyment. Date of the offense, seriousness and na	ture of the	
Driver's license number (if applicable to	State:	State:		
Education History				
Name & Location of High School:		Did you graduate?	Did you graduate?	
Name & Location of College:		Years attended:		
Degrees completed:	Other Subjects Studied:			
Trade, Business or Correspondence So	chool:	Years attended:		
Subjects Studied:		Did you graduate:		
Summarize Your Special Skills of	r Qualifications			
			¥	

Previous Employment (begin with most recent position)			
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?	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:			
nedson for Leaving.			
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?	Yes No		
grounds for dismissal. I authorize investigation of all sta previous employment and any pertinent information they such information. I also understand and agree that no re	tements contained herein and the may have, personal or otherwise, epresentative of the company has t is in writing and signed by an au	ny knowledge and understand that, if employed, falsified statements on this application shall be references and employers listed above to give you any and all information concerning my, and release the company from all liability for any damage that may result from utilization of any authority to enter into any agreement for employment for any specified period of time, or thorized company representative. This waiver does not permit the release or use of disability-record (ADA) and other relevant federal and state laws."	
Signature of Applicant:		Date:	
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