

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for				Date of application	
Name				Applicant ID #	
	Last	First	Middle		
Address					
	Street	City	State	Zip Code	
Telephone #		Cellular/Other #		E-mail Address	
Referral Source (How did you hear about us?)					

If you are under 18, and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ What is your desired salary range? _____ \$

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in position for which you are applying: _____ State _____

CDL Class Endorsements

Expiration Date: _____

Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? _____ Yes No

If **yes**, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____	
Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail	Compensation (Final)	
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	E-mail	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years: _____	<input type="checkbox"/> E-mail	Years: _____
<input type="checkbox"/> Spreadsheet	Years: _____	<input type="checkbox"/> Internet	Years: _____
<input type="checkbox"/> Presentation	Years: _____	<input type="checkbox"/> Other	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED	

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Email	# of Years Known

Social Security Number

SS# _____ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy

Applicant Statement

The filing of applications does not in any manner entitle the applicant to an interview nor to a position on any waiting list. Applications are kept on file for a period not to exceed six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply during the next open application period. All positions will be filled through selection from all qualified applicants based solely on careful evaluation of qualifications as determined by the Authority as best meeting its needs.

- I understand the furnishing of any misleading or incorrect information or omission of facts will render the application void and be just cause for termination in the event of my employment.

- I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

- I hereby give permission to the Authority or its duly authorized representative(s) to contact any persons or organization names in this application.

- I hereby agree to undergo post offer physical examination and drug screening by a physician/facility selected by the Authority, at any time before or during employment by the AWA, and hereby authorize the examining physician to render to the Authority complete reports of such examinations.

- I further agree, if employed, to abide by all rules and regulations and to subscribe for coverage under the Life Insurance Plan of the Company, whenever I shall become eligible thereto. I understand that all employment is based upon the need of the employer for such services as I may render and all such employment is at the will of the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for the employment for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. This application will be considered when all letters of reference and up-to-date clearance forms including a criminal records check have been received and recorded in the HR Office.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____