

Application for Employment

Please complete all sections fully and accurately. Print or type clearly.

BAN THE BOX COMPLIANT

Equal Opportunity Notice & Ban the Box Compliance

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, or any other characteristic protected by applicable law. In accordance with applicable Ban the Box laws and fair chance hiring ordinances, criminal history is not inquired about at this stage of the application process. Qualified applicants will be considered regardless of criminal history, consistent with applicable law.

APPLICANT INFORMATION

FULL LEGAL NAME

OTHER NAMES USED (IF NEEDED TO VERIFY EDUCATION OR EMPLOYMENT RECORDS)

CURRENT ADDRESS (STREET)

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT
Phone / Email / Text

POSITION INFORMATION

DATE AVAILABLE TO START

DESIRED PAY RANGE

DESIRED SCHEDULE

Full-time Part-time

Temporary Seasonal

EDUCATION

Secondary Education

HIGH SCHOOL OR EQUIVALENT — NAME & LOCATION

DIPLOMA, GED, OR CERTIFICATE EARNED

Higher Education & Training

COLLEGE, TRADE SCHOOL, OR OTHER TRAINING — NAME & LOCATION

DEGREE, CERTIFICATE, LICENSE, OR COURSEWORK

Professional Licenses & Certifications

LIST ANY CURRENT LICENSE, CERTIFICATION, REGISTRATION, OR SPECIAL TRAINING RELEVANT TO THE POSITION. DO NOT INCLUDE INFORMATION THAT IS NOT JOB-RELATED.

--

EMPLOYMENT HISTORY

List most recent employer first. You may attach additional sheets if needed.

Employer 1 — Most Recent

EMPLOYER NAME

JOB TITLE

DATES WORKED (FROM – TO)

SUPERVISOR NAME & TITLE

SUPERVISOR PHONE OR EMAIL

REASON FOR LEAVING

DUTIES AND ACCOMPLISHMENTS

--

Employer 2

EMPLOYER NAME

JOB TITLE

DATES WORKED (FROM – TO)

SUPERVISOR NAME & TITLE

SUPERVISOR PHONE OR EMAIL

REASON FOR LEAVING

DUTIES AND ACCOMPLISHMENTS

--

WORK AUTHORIZATION & JOB REQUIREMENTS

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require employer sponsorship for employment visa status? Yes No

Can you perform the essential functions of this position, with or without reasonable accommodation? Yes No

PROFESSIONAL REFERENCES

Please provide professional references. Do not list family members.

Reference 1

FULL NAME	RELATIONSHIP	COMPANY / ORGANIZATION
_____	_____	_____
PHONE	EMAIL	
_____	_____	

Reference 2

FULL NAME	RELATIONSHIP	COMPANY / ORGANIZATION
_____	_____	_____
PHONE	EMAIL	
_____	_____	

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may result in removal from consideration or, if hired, termination of employment, subject to applicable law. I authorize the verification of any information provided in this application, including contacting prior employers and references, except where I have indicated otherwise. I understand that this application is not a contract of employment.

APPLICANT SIGNATURE

DATE

⚠️ DISCLAIMER

The information presented here does not constitute legal advice or representation. It is general and educational in nature, may not reflect all recent legal developments, and may not apply to your unique facts and circumstances. Consider consulting with a qualified attorney if you have legal questions.

This application is Ban the Box compliant and does not inquire about criminal history at the application stage, consistent with applicable federal, state, and local law. | This form does not constitute an offer or guarantee of employment. | Equal Opportunity Employer