



## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name \_\_\_\_\_ Date \_\_\_\_\_

Last First

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Are you a licensed driver?  Yes  No

DOB \_\_\_\_\_ Are you a citizen of the United States of America?  Yes  No

Have you applied here before?  Yes  No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_

Start When \_\_\_\_\_  Full time  Part time  Temporary  Other \_\_\_\_\_

Are you a member of Linked UP Church? \_\_\_\_\_

EMPLOYMENT EXPERIENCE: Start with most recent employer

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

Employer \_\_\_\_\_



Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

## EMPLOYMENT APPLICATION PART 2

### EDUCATION

Schools/Colleges Attended: # Years Year Grad. Degree

Schools/Colleges Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any special qualifications for this job:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



REFERENCES – List three personal references

Reference 1: \_\_\_\_\_ Phone# \_\_\_\_\_  
                            Last                              First

Reference 2: \_\_\_\_\_ Phone# \_\_\_\_\_  
                            Last                              First

Reference 3: \_\_\_\_\_ Phone# \_\_\_\_\_  
                            Last                              First

Are you a veteran of the U.S. Military service? [  ] Yes [  ] No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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