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: | | State: Zip: | |
| Phone: | Mobile/Pager/Other: | | E-mail: | |
| Date Available to Start: | Social Security Number: | ä ää | Salary Requirements: | |
| If you are under 18 years of age, can you provide a work permit? | | | | |
| Have you ever worked for this company? | I Yes ☐ No If y | es, when? | | |
| Are you legally allowed to work in the Unite | d States? 🔲 Yes 🔲 No | | | |
| Type of employment desired: | | | | |
| Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates and details: | | | | |
| | | | | |
| · | | | | |
| Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered. | | | | |
| Driver's license number (if applicable to pos | tion): | | State: | |
| Education History | | | | |
| Name & Location of High School: | i i | | Did you graduate? | |
| Name & Location of College: | | | Years attended: | |
| Degrees completed: | 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 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: | | | | |
| 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 Ecaving. | | | | |
| May we contact this employer for a reference? | | | | |
| grounds for dismissal. I authorize investigation of all stal 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, presentative of the company has a is in writing and signed by an autl | y 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-re (ADA) and other relevant federal and state laws." | | |
| 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.