

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)



Position

Applied For: _____ **Referral Source:** _____

Name: _____ **E-Mail Address:** _____

Last First M.I.

Address: _____ **Phone:** (____) _____

Street City State Zip

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Date you are able to start work: _____

May we contact your current employer? Yes No

Do you have a valid driver's license? Yes No

Have you previously applied with us? Yes No

When _____

Have you previously worked with us? Yes No

When _____

Are any of your records under a different name? Yes No

If so, what name _____

Do you have any relatives working for us? Yes No

If so, who? _____

Is there any reason you might be unable to meet our attendance requirements? Yes No

If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any computer programs you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position: _____

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?
 Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____

Job Title & Duties: _____

Why Did You Leave? _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
2. **I AUTHORIZE** ADWAS to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
3. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of ADWAS or myself, and understand that no representative of ADWAS, other than the Executive Director, has authority to enter into any agreement contrary to the foregoing.
4. **I UNDERSTAND** that all ADWAS property must be returned and any indebtedness to ADWAS must be paid on or before my last day of work. I authorize ADWAS to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Signature of Applicant: _____ Date: _____