

# 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: \_\_\_\_\_

\_\_\_\_\_

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**JOB REQUIREMENTS**

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

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**PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE**

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**Present or Last Employer:**

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Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

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Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

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Job Title & Duties: \_\_\_\_\_

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Why Did You Leave? \_\_\_\_\_

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**Previous Employer:**

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Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

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Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

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Job Title & Duties: \_\_\_\_\_

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Why Did You Leave? \_\_\_\_\_

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**Previous Employer:**

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Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

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Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

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Job Title & Duties: \_\_\_\_\_

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Why Did You Leave? \_\_\_\_\_

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**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

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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: \_\_\_\_\_