



DATE: _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____
Last First Middle

Present address: _____
Street City State Zip

Permanent address: _____
Street City State Zip

Are you 18 years or older? Yes No Phone Number: _____ E-mail address: _____

In case of emergency contact: _____
Name Address Phone#:

CITIZENSHIP

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

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Part Time Full Time Total hours available per week: _____

EDUCATION

HIGH SCHOOL
Name/Location of School: _____
Received: Diploma Other (specify) _____ None

COLLEGE, UNIVERSITY, TECHNICAL, OR OTHER EDUCATION: (TRANSCRIPT MAY BE REQUIRED)

Name/Location of School: _____	Major/Minor _____		
Attended From: _____ Month / Year	To: _____ Month / Year	Credit Hours Earned: _____	Type of Degree Earned: _____
Name/Location of School: _____	Major/Minor _____		
Attended From: _____ Month / Year	To: _____ Month / Year	Credit Hours Earned: _____	Type of Degree Earned: _____
Name/Location of School: _____	Major/Minor _____		
Attended From: _____ Month / Year	To: _____ Month / Year	Credit Hours Earned: _____	Type of Degree Earned: _____

WHY?

Why do you want to work with us? _____

EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1) Name of present or last employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

2) Name of next recent employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

3) Name of next recent employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

4) Name of next recent employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

EMPLOYMENT - CONTINUED

5) Name of next recent employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

6) Name of next recent employer: _____
Address: _____ Phone #: _____
Your job title: _____ Supervisor's name: _____
From: _____ To: _____ Hours per week: _____
Month / Day / Year Month / Day / Year
Duties and responsibilities: _____

Reason for leaving: _____

Please explain any gaps in employment: _____

COMMENTS AND ADDITIONAL INFORMATION

STATEMENT OF CERTIFICATION

By signing this application for employment, I certify under penalty of law that the information provided anywhere on this form and on my enclosed resume is true, correct and complete to the best of my knowledge and belief. I also acknowledge that should an investigation at any time disclose any omissions, falsifications, misstatements or misrepresentations, I may be disqualified from employment consideration and/or terminated from employment. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staff, and other authorized employees of Imagemakers for employment purposes. This consent shall continue to be effective during my employment if I am hired.

In submitting this application, I further understand that it becomes the property of Imagemakers and will not be returned. I also understand that a drug screen may be required as a condition of employment.

Signature of Applicant: _____ Date Signed: _____