



# EMPLOYMENT APPLICATION

PLEASE PRINT

Date of Application	Position(s) Applied For:		
Referral Source	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____
Last Name	First	Middle	
Street Address	City	State	Zip Code
Telephone Number	E-Mail Address (optional)	Social Security Number	
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <small>(Proof of citizenship or immigration status will be required upon employment.)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?			
Are you available to work (check all that apply):			
	<input type="checkbox"/> Full Time?	<input type="checkbox"/> Part Time?	<input type="checkbox"/> Shift Work? <input type="checkbox"/> Temporary?
Are you on lay-off and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a job-related felony within the last 5 years? <small>(Criminal convictions for marijuana-related offenses that are more than two years old need not be included)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a theft-related misdemeanor? <small>Note: A conviction record for a job-related offense will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness, and nature of the violation, and rehabilitation will be taken into consideration.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to A or B and your conviction has not been sealed or legally expunged, state the nature of the felony and/or theft-related misdemeanor, as well as when and where the conviction(s) occurred:			
Provide the name, address and telephone number of three references who are not related to you and are not former employers:			
_____	_____	_____	
Name	Address	Phone Number	
_____	_____	_____	
Name	Address	Phone Number	
_____	_____	_____	
Name	Address	Phone Number	

<b>EMPLOYMENT EXPERIENCE</b>		<b>Start with your present or most recent job.</b>
Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Final Salary/Wage	
Supervisor	Reason for Leaving	
Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Final Salary/Wage	
Supervisor	Reason for Leaving	
Employer	Dates Employed (Mo/Yr) From _____ To _____	Work Performed
Address	Telephone Number	
Job Title	Final Salary/Wage	
Supervisor	Reason for Leaving	

If you need additional space, please continue on a separate sheet of paper.

<b>EDUCATION</b>	<b>High School</b>	<b>College or University</b>	<b>Graduate or Professional</b>
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma or Degree Received			
Describe Course of Study or Indicate Major			
Describe any specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities			
Honors Received			
Provide any additional information that you feel may be helpful to us in considering your application.			

**Agreement**

*I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation 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 and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.*

Signature of Applicant	Date
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# EMPLOYMENT APPLICATION

Associated Students, Incorporated is an equal opportunity employer. It is your right to volunteer the following information. The data will allow ASI to monitor our efforts to attain a diverse workforce. *It is unlawful to discriminate against you on the basis of this information.*

Thank you for your cooperation

Name		Position(s) Applied For:		
Address		City	State	Zip Code
How did you learn of this vacancy? (Note: If newspaper advertisement, please indicate which newspaper.)				

## GENDER

Female       Male

Date of Birth (MM/DD/YY):

## DISABILITY

An individual with a disability is a person who (1) has a physical or mental impairment that substantially limits a major life activity (functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such an impairment; or (3) is regarded as having such an impairment. ASI assures that all of its services, facilities, privileges, advantages, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act (ADA).

Do you consider yourself an individual with a disability?       Yes       No

If yes, please explain \_\_\_\_\_

## RACE/ETHNIC HERITAGE

- American Indian/Alaskan Native      Of Indian origin native to the Americas with cultural identification maintained through tribal affiliation
- Asian      Of Far Eastern, Southeast Asian, or Indian origin
- Hawaiian/Pacific Islander      Of Hawaiian Islands, Filipino, or Pacific Islands origin
- Black/African American      Of African origin; not of Hispanic origin
- Hispanic      Of Spanish/Latin American/Latino culture or origin, regardless of race
- Caucasian      Of European, Middle Eastern, or African origin