

# Application for Employment

(Equal Opportunity Employer)

## General

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ S.S # \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

If employed and under 18, can you furnish a work permit ☐ Yes ☐ No

Have you ever been employed by this company? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

If yes, give name \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required- ☐ Yes ☐ No  
Do you have a valid driver's license in this state?

License # \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying? ☐ Yes ☐ No

Are you available to work ☐ FULL-TIME ☐ PART-TIME ☐ OVER-TIME

Have you been convicted of a felony?  
(please note that a "Yes" answer will not bar you from consideration for employment.)

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

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with

applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

## **EDUCATION**

	<u>Elementary</u>	<u>Secondary</u>	<u>College</u>	<u>Graduate</u>
School Name & Address	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

## **SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

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## **References:**

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Employment Experience**

Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____	Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____	Duties _____
What did you like most about your job: _____	

Reason for Leaving: \_\_\_\_\_

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Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____	Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____	Duties _____
What did you like most about your job: _____	

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting/Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting/Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting/Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED CALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Bartlett's** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of **Bartlett's** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of **Bartlett's** or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **Bartlett's** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time

**I have read, understand, and agree with the above.**

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Signature of Applicant

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Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*