

Application for Employment

Applicants for employment are considered without regard to race, color, religion, religious creed, sex, pregnancy, sexual orientation, marital status, results of genetic testing, ancestry, national origin, citizenship, age, past or present disability, history of mental disorder, mental retardation, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Date of Application
Position(s) Applied For
Referral Source:
Name LAST FIRST MIDDLE
Address NUMBER STREET CITY STATE ZIP
Telephone:
Are you under 18?
If employed and you are under 18, can you furnish a work permit? Yes No
Have you previously filed an application here? ☐ Yes ☐ No
If yes, give date
Have you ever been employed here? ☐ Yes ☐ No
If yes, give date
Are you employed now?
(Proof of authorization to work and of your identity will be required upon employment)



On what date would you be ava	ilable for work?	
Are you available to work ☐ F	ull Time Part Time Shift Wor	k 🗌 Temporary 🔲 Over Time
Are you on a lay-off and subjec	t to recall? Yes No	
Can you travel if a job requires	it? ☐ Yes ☐ No Drivers Li	cense: Yes No
Lic # State	of Issue: Class: Expirat	tion Date:
Ele.ii	01 155 u 0	tion buc.
	REFERENCES	
Give name, address and telephone n NAME	umber of three references who are not related ADDRESS	d to you. (previous employers preferred) PHONE NUMBER
TWINIL	TIDDRESS .	THOUGH NOMBER
		<u> </u>
Special Skills and Qualifications		
What skills or qualifications make	you a great candidate for GreatHorse:	
-		
- · · · · · · · · · · · · · · · · · · ·		
Employment E	xperience	
	bb. Include military service assignment	
	exclude organization names which indi	
	status, results of genetic testing, nations	
veteran, vietnam Era veteran, o	or being a member of the Reserves or N	lational Guard.
Employer	Phone	Work Performed
Address	FAX	
City, State, Zip		
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		



Employer	Phone	Work Performed				
Address	FAX					
City, State, Zip						
Job Title						
Supervisor	Dates Employed:					
Reason for Leaving						
Employer	Phone	Work Performed				
Address	FAX					
City, State, Zip						
Job Title						
Supervisor	Dates Employed:					
Reason for Leaving						
Employer	Phone	Work Performed				
Address	FAX					
City, State, Zip						
Job Title						
Supervisor	Dates Employed:					
Reason for Leaving						

How many days were you absent from your last job?	
How many Mondays or Fridays were you absent in the last 12 months (other than vacation/holidays)?	

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

Education

	Elementary	High School		College/University			Graduate/Professional					
Name of School												
Years Completed (please Circle)	4 5 6 7 8	9 10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities:												

Honors Received:



It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either me or my employer. I also understand that this written statement supersedes all oral representations made by agents or representatives of this company/organization.

I understand that false or misleading answers or statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or termination of employment.

Signature of Applicant

Date