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## Employment Application – Short Form – Page 2

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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

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(Note: We comply with the ADA & consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill & agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances & the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	Name	_____	_____	_____
	Address			
	City	State	Zip	
College/ University	Name	_____	_____	_____
	Address			
	City	State	Zip	
Vocational/ Business	Name	_____	_____	_____
	Address			
	City	State	Zip	
Vocational/ Business	Name	_____	_____	_____
	Address			
	City	State	Zip	

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### Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_

\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_

\_\_\_\_\_  
Name of Employer ( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Type of Business \_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position & Duties: \_\_\_\_\_

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

May we contact this employer for a reference? \_\_\_\_\_

NOTE: Attach additional page(s) if necessary.

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address & Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

