

APPLICATION for EMPLOYMENT

We are an equal opportunity employer, and do not discriminate on the basis of race, creed, color, religion, gender, national origin, age, veteran status, disability or any other legally protected status. Experience Works complies with mandated laws requiring reasonable accommodation for employees with disabilities (applicants requiring reasonable accommodation to participate in the interview process should request an accommodation).

Please Print Legibly

Date of Application: _____

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Phone Number: _____ Email Address: _____

Are you at least 18 years of age? YES NO

Are you currently authorized to work in the United States? YES NO
(An offer of employment will be conditional upon proof of authorization to work in the U.S.)

Have you filed an application with Experience Works before? YES NO If yes, give dates _____

Have you ever been employed by Experience Works before? YES NO If yes, give dates _____

Are you related to any current or former Experience Works employee? YES NO If so, who? _____

Are you currently employed? YES NO Are you on a layoff, or furlough, and subject to recall? YES NO

May we contact your present employer for a reference? YES NO

Have you ever been asked to resign from a position? YES NO

Position applying for: _____ Desired Salary: _____

How did you hear about the opportunity? _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you able to travel if the job requires it? YES NO

Have you ever been convicted of, or plead no contest to, a felony? YES NO
(A conviction will not necessarily disqualify an applicant from employment, however it will be considered in relation to the specific requirements of the job.)

If yes, please explain _____

Are you a veteran of the U.S. military? YES NO

EMPLOYMENT HISTORY

Please complete this section in its entirety. Start with your present, or most recent, job including military assignments.

Employer Name:		Dates Employed:		Salary:	
		From:	To:	Starting:	Ending:
Employer Address:				Employer Phone:	
Job Title:			Supervisor Name:		
			May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Duties:					
Reason for Leaving:					

Employer Name:		Dates Employed:		Salary:	
		From:	To:	Starting:	Ending:
Employer Address:				Employer Phone:	
Job Title:			Supervisor Name:		
			May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Duties:					
Reason for Leaving:					

Employer Name:		Dates Employed:		Salary:	
		From:	To:	Starting:	Ending:
Employer Address:				Employer Phone:	
Job Title:			Supervisor Name:		
			May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Duties:					
Reason for Leaving:					

Employer Name:		Dates Employed:		Salary:	
		From:	To:	Starting:	Ending:
Employer Address:				Employer Phone:	
Job Title:			Supervisor Name:		
			May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Duties:					
Reason for Leaving:					

EDUCATION

	HIGH SCHOOL	TRADE/TECHNICAL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME				
LOCATION (CITY, STATE)				
COURSE OF STUDY				
NUMBER OF YEARS COMPLETED				
DIPLOMA/DEGREE AWARDED				

Describe any specialized training, skills, foreign languages, and/or certifications:

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business, or civic activities and offices held.

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status):

Please list four **professional** references, including at least one supervisor, and your relationship to them:

Name	Phone Number	Company	Relationship To	Job Title
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Name	Phone Number	Company	Relationship To	Job Title
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Name	Phone Number	Company	Relationship To	Job Title
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Name	Phone Number	Company	Relationship To	Job Title
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DISCLAIMER AND SIGNATURE

I certify that the information provided is true and complete to the best of my knowledge and authorize the investigation of all information provided in this application.

I understand that if hired, my employment is at-will and that either I, or Experience Works, Inc., have the right to terminate my employment at any time with or without cause or prior notice.

In the event I am employed by Experience Works, Inc. I understand that false or misleading information provided in this application, my resume or during an employment interview(s) may result in my immediate discharge. I also understand that if employed, I will be required to abide by all rules and regulations of Experience Works, Inc. and that those rules and regulations may be modified at any time, without notice.

This employment application shall be considered active for a period of time not to exceed 90 days.

APPLICANT SIGNATURE

DATE

Experience Works (EW) is an Equal Opportunity Employer. As required by law, we are obligated to collect certain data for annual reporting and compliance purposes.

In order to help EW comply with Federal regulations, we would appreciate you completing the information below. Providing this information is *voluntary* and refusal to do so will not adversely affect any employment opportunity or conditions of subsequent employment.

The information will be used for required reporting purposes only and will be kept in a confidential file completely separate from other personnel records.

NAME (please print):	_____
POSITION APPLYING FOR:	_____
LOCATION:	_____
Date of Hire (if applicable):	_____

Gender: Female Male

Race/Ethnicity: Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

Are you disabled? Yes No

If yes, what accommodations, if any, may we provide that would assist you in performing assigned job duties?

(Applicant Signature)

(Date)