# SAMPLE ADMINISTRATIVE FORM

## APPLICATION FOR EMPLOYMENT

| Federal and state laws prohibit discrimination on the basis of sex, race, creed, religion, color, national origin, citizenship, age in accordance with applicable law, handicap, disability, medical condition, marital and veteran's status in all practices, privileges and conditions of employment. (Name of Firm) strictly adheres to these laws and regulations and will consider all qualified applicants for employment without regard to any of these factors. |
| --- |

(PLEASE PRINT)

| Position(s) Applied For | Date of Application |
| --- | --- |

| How Did You Learn About Us?[ ] Advertisement [ ] Friend [ ] Walk-In [ ] Employment Agency [ ] Relative[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

| Last Name First Name Middle Name |
| --- |

| Address Number Street City State Zip Code |
| --- |

| Telephone Number(s) | Social Security Number |
| --- | --- |

If you are under 18 years of age, can you provide required

proof of your eligibility to work? [ ] Yes [ ] No

Have you ever filed an application with us before? [ ] Yes [ ] No

If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed with us before? [ ] Yes [ ] No

If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No

May we contact your present employer? [ ] Yes [ ] No

Do you have a legal right to live and work in the United States? [ ] Yes [ ] No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work: [ ] Full Time [ ] Part Time [ ] Temporary

Are you currently on "lay-off' status and subject to recall? [ ] Yes [ ] No

Can you travel if a job requires it? [ ] Yes [ ] No

Have you been convicted of a felony within the last 7 years? [ ] Yes [ ] No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**Education**

|  | Elementary School | High School | UndergraduateCollege / University |  Graduate /Professional |
| --- | --- | --- | --- | --- |
| School Name and Location |  |  |  |  |
| Year Completed |  4 / 5 / 6 / 7 / 8  |  9 / 10 / 11 / 12 |  1 / 2 / 3 / 4 |  1 / 2 / 3 / 4 |
| Diploma / Degree |  |  |  |  |

| Describe Course of Study |  |  |  |
| --- | --- | --- | --- |

| Describe any specialized training, apprenticeship, skills and extra-curricular activities |  |
| --- | --- |
| Describe any honors you have received |  |
| State any additional information you feel may be helpful to us in considering your application |  |

| Indicate any foreign languages you can speak, read and / or write  |
| --- |

|  | FLUENT  | GOOD |  FAIR |
| --- | --- | --- | --- |
| SPEAK |  |  |  |
| READ |  |  |  |
| WRITE |  |  |  |

| List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**References**

| Give name, address and telephone number of three references who are not related to you and are not previous employers.1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |

Have you ever had any job-related training in the United States military? [ ] Yes [ ] No

If Yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| 1. Employer | Dates Employed From /To | Work Performed  |
| --- | --- | --- |
| Address |   |  |
| Telephone Number(s) |  Hourly Rate/Salary Starting /Final |  |
| Job Title |  |  |
| Reason for Leaving |  | Supervisor |

| 2. Employer | Dates Employed From /To | Work Performed  |
| --- | --- | --- |
| Address |   |  |
| Telephone Number(s) |  Hourly Rate/Salary Starting /Final |  |
| Job Title |  |  |
| Reason for Leaving |  | Supervisor |

| 3. Employer | Dates Employed From /To | Work Performed  |
| --- | --- | --- |
| Address |   |  |
| Telephone Number(s) |  Hourly Rate/Salary Starting /Final |  |
| Job Title |  |  |
| Reason for Leaving |  | Supervisor |

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

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant's Statement**

| I certify that 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.This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.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 employer.Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Employment Data Record**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. All data records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

| Name |
| --- |
| Address |
| City State Zip |
| Social Security No. |