



Application for Employment

PLEASE PRINT

Position(s) Applied for _____ Date of Application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone (____) _____ - _____ Social Security Number _____ - _____ - _____

If you are under 18, can you furnish a work permit?..... Yes No

Have you ever been employed here before?..... Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of US citizenship or immigration status will be required upon employment.)

Date Available for Work..... ____/____/____

Type of Employment Desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but may not automatically bar you from employment.)

If yes, please explain: _____

Driver's license number (if job related) _____ State _____

Employment History

List the last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start: \$ _____ per _____ Final: \$ _____ per _____	
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start: \$ _____ per _____ Final: \$ _____ per _____	
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From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start: \$ _____ per _____ Final: \$ _____ per _____	

AN EQUAL OPPORTUNITY EMPLOYER

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Three horizontal lines for writing special skills and qualifications.

Educational Background (if job related)

Table with 6 columns: Name, Location, Start / End date, Graduation Date, Degree, Major. Rows include High School, College, College, and Other.

References

Table with 3 columns: Name, Telephone, Years Known. Three rows for listing references.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Calvin, Giordano & Associates's service if I have been employed.

I give Calvin, Giordano & Associates the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Calvin, Giordano & Associates and its representatives for seeking such information, and all other persons, corporations and organizations for furnishing such information.

Calvin, Giordano & Associates is an Equal Opportunity Employer. Calvin, Giordano & Associates does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that Calvin, Giordano & Associates requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at Calvin, Giordano & Associates's discretion.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from Calvin, Giordano & Associates and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, Calvin, Giordano & Associates reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Calvin, Giordano & Associates has the authority to make any assurances to the contrary.

Signature of Applicant _____

Date ____/____/____