



EMPLOYMENT APPLICATION

It is the policy of Erigo Employer Solutions to provide equal employment opportunity to all qualified persons without regard to race, color, religion, sex, pregnancy, gender identity or expression, national origin, age (40 or older), disability, genetic information, military/veteran status or any other characteristic protected by law. All employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

COMPANY: _____

PERSONAL INFORMATION

Date: _____

Last name: _____ First name: _____ Middle name: _____

Address: _____

Street Address *Apartment/Unit #*

City *County* *State* *ZIP Code*

What school district do you live in? _____

Telephone: _____ E-Mail: _____

Position applying for: _____

How did you hear about this position: _____

When will you be available to start? _____ Desired Wage : \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes
(You may be required to provide documentation.) No

Are you of the age of 18 or older? Yes No

Are you looking for full-time or part-time employment? Full-time Part-time

Have you ever been convicted, imprisoned or fined for any violation other than a misdemeanor or traffic law? Yes
 No

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

If yes, please explain:

EDUCATION AND TRAINING

	Name and Location of School	Graduation Date	Total Hours	Major Course Work	Degree
High School or G.E.D.					
Tech or Trade School					
College, University or Vocational					
Graduate					

Relevant licenses or certificates:

List any subjects taken which would be applicable to the position for which you have applied:

Scholastic honors or other skills, qualifications, and experience that should be considered:

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No

If yes, in what Branch: _____

If yes, dates of service: _____ to _____

Have you ever been discharged from a position? Yes No

If so, why? _____

List any special training relevant to the job applied for:

EMPLOYMENT HISTORY

(Start with most recent employer. Attach additional information, if necessary.)

Company Name: _____ Telephone Number: _____

Address: _____

Street Address

City County State ZIP Code

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact: Yes No

Responsibilities:

Reason for leaving:

Company Name: _____ Telephone Number: _____

Address: _____

Street Address

City County State ZIP Code

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact: Yes No

Responsibilities:

Reason for leaving:

EMPLOYMENT HISTORY CONTINUED

Company Name: _____ Telephone Number: _____

Address: _____
Street Address

City County State ZIP Code

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact: Yes No

Responsibilities:

Reason for leaving:

Company Name: _____ Telephone Number: _____

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Date Started: _____ Starting Wage: _____ Starting Position: _____

Date Ended: _____ Ending Wage: _____ Ending Position: _____

Name of Supervisor: _____

May we contact: Yes No

Responsibilities:

Reason for leaving:

Have you ever been discharged from a position? Yes No

If so, why? _____

REFERENCES

Give the names of three professional references not related to you.

Name	Company	Title	Phone	Email	Years Known

CERTIFICATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application may be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that if hired employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the C.E.O., has any authority to alter the foregoing.

I agree that any action or suit against any employer arising out of any employment or termination of employment, including but not limited to claims arising under the State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

Signature: _____ Date: _____