

EMPLOYMENT APPLICATION/SPRINGFIELD COURTYARD

APPLICANT INFORMATION									
Last Name		First		MI:		Date			
Street Address				Apartment/Unit #					
City		State		Zip					
Phone		Email Address							
Date Available		SSN		Desired Salary					
Position Applying For									
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the US?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School		Address							
From		To		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
College		Address							
From		To		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
Other		Address							
From		To		Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree		
REFERENCES									
Please list three professional references.									
Full Name		Relationship							
Company		Phone							
Address									
Full Name		Relationship							
Company		Phone							
Address									
Full Name		Relationship							
Company		Phone							
Address									

**PREVIOUS EMPLOYMENT**

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for Leaving	
May we contact your previous supervisor for a reference?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

**AVAILABILITY**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

**MILITARY SERVICE**

Branch	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than Honorable, explain		

**ACKNOWLEDGEMENT AND AUTHORIZATION**

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 90 days. 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 verbally during my 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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