



APPLICATION FOR EMPLOYMENT

Please Print

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source: Advertisement \_\_\_ Employee \_\_\_ Relative \_\_\_ Government Employment Agency \_\_\_
Walk-in \_\_\_ Internet \_\_\_ Private Employment Agency \_\_\_ Other \_\_\_
Name of Source (if applicable) \_\_\_\_\_

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Name: (Last) \_\_\_\_\_ First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If necessary, best time to call you at home is? \_\_\_\_\_:\_\_\_\_\_ am / pm

May we contact you at work? YES \_\_\_ NO \_\_\_ If yes, work number and best time to call (\_\_\_\_) \_\_\_\_ - \_\_\_\_ / \_\_\_\_:\_\_\_\_ am / pm

If you are under 18, can you furnish a work permit? YES \_\_\_ NO \_\_\_

Have you filed an application here before? YES \_\_\_ NO \_\_\_ If yes, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? YES \_\_\_ NO \_\_\_ If yes, give date, from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? YES \_\_\_ NO \_\_\_

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Employment:

Position Desired \_\_\_\_\_ Desire Wages \$ \_\_\_\_\_

Type of employment desired: Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Educational Co-Op \_\_\_

Hours Available \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

Days Available Monday through Sunday \_\_\_ Other \_\_\_

Nights Available Monday through Sunday \_\_\_

\*There is work on weekends – What hours are you able to work on weekends: \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

Are you on lay-off and subject to recall? YES \_\_\_ NO \_\_\_

Will you relocate if job requires it? YES \_\_\_ NO \_\_\_ Will you travel if job requires it? YES \_\_\_ NO \_\_\_

Will you work overtime if required? YES \_\_\_ NO \_\_\_

Have you ever been bonded? 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 does not bar you from employment.)

If YES, please explain: \_\_\_\_\_

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

Explain any gaps in employment in comments section below.

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(1)  
 Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Job Title \_\_\_\_\_ Hourly Rate/Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_ per \_\_\_\_\_  
 Immediate Supervisor and Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact for reference? YES \_\_\_ NO \_\_\_ LATER \_\_\_  
 Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2)  
 Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Job Title \_\_\_\_\_ Hourly Rate/Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_ per \_\_\_\_\_  
 Immediate Supervisor and Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact for reference? YES \_\_\_ NO \_\_\_ LATER \_\_\_  
 Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(3)  
 Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Job Title \_\_\_\_\_ Hourly Rate/Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_ per \_\_\_\_\_  
 Immediate Supervisor and Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact for reference? YES \_\_\_ NO \_\_\_ LATER \_\_\_  
 Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(4)  
 Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 Job Title \_\_\_\_\_ Hourly Rate/Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_ per \_\_\_\_\_  
 Immediate Supervisor and Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 May we contact for reference? YES \_\_\_ NO \_\_\_ LATER \_\_\_

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Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments (Including explanation of any gaps in employment) \_\_\_\_\_  
 \_\_\_\_\_

Skills and Qualifications – What special skills have you acquired that may qualify you to work with our company?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education:** Circle the number of years completed.

High School: 1 2 3 4      Undergraduate College: 1 2 3 4      Graduate College: 1 2 3 4

Describe your major areas of studies \_\_\_\_\_  
 \_\_\_\_\_

List any other considerations for the type of employment you are seeking \_\_\_\_\_  
 \_\_\_\_\_

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. Number of years completed	C. Degree Diploma	D. GPA / Class Rank	E. Major / Minor
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____/_____

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List any foreign language(s) and check the box that best describes your skill level.

Language	Fluent	Read and Write	Read and Speak	Read Only	Speak Only
_____	—	—	—	—	—
_____	—	—	—	—	—
_____	—	—	—	—	—

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**References**

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
_____	( ) ____ - _____	_____
_____	( ) ____ - _____	_____
_____	( ) ____ - _____	_____

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office Held
_____	_____
_____	_____
_____	_____

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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

List any additional information you would like us to consider. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and separation from Leavitt & Parris' service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Leavitt & Parris reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Leavitt & Parris has the authority to make any assurances to the contrary.

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

Leavitt & Parris is an Equal Opportunity Employer. Leavitt & Parris 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.

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Print Name \_\_\_\_\_



**Voluntary Affirmative Action Information**

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral Source

Advertisement\_\_ Employee\_\_ Relative\_\_ Walk-in\_\_ School\_\_ Government Employment Agency\_\_

Private Employment Agency\_\_ Other\_\_

Name of Source (If Applicable) \_\_\_\_\_

Applicant's Name (Last)\_\_\_\_\_ (First)\_\_\_\_\_ (M.I.)\_\_ tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address (Street)\_\_\_\_\_ (City)\_\_\_\_\_ (State)\_\_\_\_\_ (Zip)\_\_\_\_\_

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: MALE\_\_ FEMALE\_\_

Check one of the following Race / Ethnic Group:

Hispanic\_\_ Black\_\_ White\_\_ American Indian/Alaskan Native\_\_ Asian/Pacific Islander\_\_

**SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERNS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran\_\_ Disabled Veteran\_\_ Handicapped Individual\_\_

**Driver's License Information**

Photo of License Here Please

Signature of Driver \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have any convictions on license? YES \_\_\_ NO \_\_\_  
If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding warrants? YES \_\_\_ NO \_\_\_  
If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been ticketed for speeding? YES \_\_\_ NO \_\_\_  
If yes how many times \_\_\_\_\_

Have you ever had your license suspended? YES \_\_\_ NO \_\_\_  
If yes please explain \_\_\_\_\_  
\_\_\_\_\_

How many vehicular accidents have you been in? \_\_\_\_\_

Do you have any special restrictions when driving? YES \_\_\_ NO \_\_\_  
If yes please explain \_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all of these answers are true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee's Signature Date

The above information will be kept in confidential medical record files separate from your personnel file.