

Employment Application – Long Form

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip - _____

Permanent Address (if different from present address)

No. & Street City State Zip - _____

(____) ____ - ____ (____) ____ - ____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? Yes No

Regular part-time work? Yes No

Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

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Personal Information

Have you ever applied to or worked for _____ before? Yes No

If yes, when? _____

Do you have any friends or relatives working for _____ ? Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at _____ ?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)..... Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

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Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ - _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ - _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	_____ Name _____ Address _____ - _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	_____ Name _____ Address _____ - _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at _____? Yes No

If so, please explain:

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Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ (____) ____ - ____
Name of Employer Telephone No.

_____ Your Supervisor's Name
Type of Business

_____ City State Zip
Address & Street

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

_____ (____) ____ - ____
Name of Employer Telephone No.

_____ Your Supervisor's Name
Type of Business

_____ City State Zip
Address & Street

Dates of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

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Employment History, continued

_____ (____) ____ - _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
 From To Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

_____ (____) ____ - _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
 From To Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

_____ (____) ____ - _____
 Name of Employer Telephone No.

 Type of Business Your Supervisor's Name

 Address & Street City State Zip

Dates of Employment: _____ Weekly Pay: _____
 From To Starting Ending

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

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Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
<hr/>		
_____	_____	_____ - _____
Address & Street	City	State Zip
<hr/>		
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
<hr/>		
_____	_____	_____ - _____
Address & Street	City	State Zip
<hr/>		
_____	_____	
Occupation	No. of Years Acquainted	

_____	_____	(____) ____ - ____
First Name	Last Name	Telephone No.
<hr/>		
_____	_____	_____ - _____
Address & Street	City	State Zip
<hr/>		
_____	_____	
Occupation	No. of Years Acquainted	

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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
 Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I
 further certify that I, the undersigned applicant, have personally completed this application. I understand that any
 omission or misstatement of material fact on this application or on any document used to secure employment
 shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the
 time elapsed before discovery.

_____ I hereby authorize _____ to thoroughly investigate my references,
 Initials work record, education and other matters related to my suitability for employment and, further, authorize the
 references I have listed to disclose to the company any and all letters, reports and other information related to my
 work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my
 former employers and all other persons, corporations, partnerships and associations from any and all claims,
 demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
 Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the
 Company. In addition, I understand and agree that if I am employed, my employment is for no definite or
 determinable period and may be terminated at any time, with or without prior notice, at the option of either
 myself or the Company, and that no promises or representations contrary to the foregoing are binding on the
 company unless made in writing and signed by me and the Company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
 Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the
 Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check
 box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even
 though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Form No. 9287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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