

APPLICATION FOR EMPLOYMENT



Eden II provides Equal Employment Opportunity to all individuals, and does not discriminate in employment decisions of any type (recruitment, hiring, promotion, training, compensation, etc.) on the basis of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status, veteran status, or membership in any other group protected by federal, state, or local law.

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever previously applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Cell Phone
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? If no, what hours can you work: <input type="checkbox"/> Yes <input type="checkbox"/> No _____			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available begin work?
Please list or describe any special training or skills you have (e.g., languages spoken, certifications, licenses, etc.). Please include any military service and training received that may be relevant to the position for which you are applying.			

EDUCATION					
School	Name and Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					

EMPLOYMENT Provide an accurate, complete, full time and part time employment record. Start with your current or most recent employer.		
1	Company Name	Telephone #
	Address	Employed (State month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
2	Company Name	Telephone #
	Address	Employed (State month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
3	Company Name	Telephone #
	Address	Employed (State month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
4	Company Name	Telephone #
	Address	Employed (State month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

We may contact the employers listed above unless you indicate those you do not want us to contact. (The agency reserves the right to contact your most recent employer once an offer is made.)	DO NOT CONTACT
	Employer Number(s)
	Reason
<hr/>	
State the names of relatives and friends working for us:	
Were you referred by a particular employee? If so, please provide their name:	
If you were referred through another source, please let us know how you found out about employment opportunities at Eden II:	

Attestation: The information provided in this Application for Employment is true, correct, and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future, or for any particular length of time and that, if hired, I will be an employee at-will. I also understand that if Eden II chooses to employ me, such employment may be limited in scope or nature or may be revoked based on the outcomes of background checks. I further represent that the information I will provide to Eden II during the hiring process will be true and complete.

Signature

Date