



1315 Ferry Street
Lafayette, IN 47901

APPLICATION FOR EMPLOYMENT

Date of Application ____ / ____ / ____

Position(s) Applied For _____ Date available for work ____ / ____ / ____

Name _____
First Last Middle

Address _____
Street City State Zip Code

Telephone (_____) _____ E-mail _____ Contact me by: phone e-mail

If you are under 18, can you furnish a work permit? YES NO Have you been employed here before? YES NO

Are you legally eligible for employment in USA? YES NO Type of employment desired Full Time Part Time Temporary

Employment History

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

1	From (date) _____ To (date) _____	Employer _____	Telephone _____
	Job Title _____	Address _____	
	Immediate Supervisor and Title _____	Hourly Rate/Salary Start: \$ _____ per _____	Summarize the nature of work performed and job responsibilities
	Reason for leaving _____	Final Pay: \$ _____ per _____	
2	From (date) _____ To (date) _____	Employer _____	Telephone _____
	Job Title _____	Address _____	
	Immediate Supervisor and Title _____	Hourly Rate/Salary Start: \$ _____ per _____	Summarize the nature of work performed and job responsibilities
	Reason for leaving _____	Final Pay: \$ _____ per _____	
3	From (date) _____ To (date) _____	Employer _____	Telephone _____
	Job Title _____	Address _____	
	Immediate Supervisor and Title _____	Hourly Rate/Salary Start: \$ _____ per _____	Summarize the nature of work performed and job responsibilities
	Reason for leaving _____	Final Pay: \$ _____ per _____	

Educational Background

Name and Location	Years Completed	Course of Study	
High School			
College		Major	Degree
Other			

References

Name	Telephone (Include Area Code)	Years Known
Professional		
Professional		
Personal		

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer 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 the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary. I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy. I acknowledge and agree that by submitting this electronic signature, I waive all rights to dispute the validity of my signature on this application.

AN EQUAL OPPORTUNITY EMPLOYER

Signature of Applicant _____ Date ____ / ____ / ____