



## Application for Employment

We consider applicants for all positions on the basis of qualifications and without regard to race, color, national origin, citizenship, religion, sex, pregnancy, age, disability, genetic information/history, military status, use of lawful products during non-work hours and/or any other legally protected characteristic or condition.

This application will be considered active for 60 days from the date it is submitted.  
Consideration for employment after 60 days requires a new application.

Date of Application: \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

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

I can work (check all that apply):  Full-time  Part-time  Nights  Weekends

When are you available to begin work? \_\_\_\_\_

### I. Personal Information

Name: \_\_\_\_\_ Primary phone: \_\_\_\_\_

If your records are listed under another name, provide name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

(If hired, you will be required to provide proof of identify and eligibility to legally work in the U.S.)

Are you at least 18 years old?  Yes  No

(If no, you may be required to provide authorization to work.)

Have you ever worked here before?  Yes  No

If yes, when? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

## II. Work Record

Please provide the requested employment information, starting with your most current position. If you need more room, you may attach an addendum.

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:
Describe the Work Performed:	

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

Name of Employer:	Supervisor's Name/Title:
Full Address/Phone Number of Employer:	
Position(s) Held:	Dates Employed/Reason for Leaving:

Describe the Work Performed:

May we contact this organization for a reference?  Yes  No

If no, why not? \_\_\_\_\_

**III. Education**

Please identify the education or training which you believe qualifies you for the position you are seeking. (Please read the position description before providing this information.)

High School or GED:	City/State:	Diploma or GED Received? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the highest grade completed?
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):
College Name:	City/State:	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Major(s):
Related Training:	Where taken:	Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Topics Studied:

(Please review the position description before answering this question.)

Please list other knowledge, skills, or traits not previously mentioned that would help you to perform the essential functions of this position:

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

#### IV. References

If you have not provided at least three employer references in Section II, please provide three references (other than relatives) that you have known for at least three years. Do not repeat your employer references here. You may include others with whom you have worked.

Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):
Name:	Occupation:
Relationship to You:	How long have you known this person?
Email Address:	Phone Number(s):

I understand that, by accepting this application the Center for Craft (the Center) is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will, which means that the Center and/or I can end the employment relationship at any time with or without notice or cause, consistent with applicable law.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statement or important omission of fact on either this application or during the pre-employment process will result in my application being rejected or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned upon the verification of my information. I authorize the Center to verify any and all information provided on this application and/or during the prep employment process and I will, upon request, sign other necessary consent forms. I hereby release the Center, and those who provide information about me, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and/or having an employment decision based on, such information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_