



## Sample Job Application Form

Today's Date: \_\_\_\_\_

Name of Position for Which You Are Applying: \_\_\_\_\_

Name: \_\_\_\_\_

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

Apt./Unit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Salary Required: \_\_\_\_\_ (The legality of this question varies by company location.)

When Are You Able to Start This Job?

\_\_\_\_\_

Are you legally eligible to work in the U.S.? Yes No

Have you been convicted of a felony in the past 5 years? Yes No Details: \_\_\_\_\_ (The legality of this question varies by company location.)

Have you worked for this company in the past? Yes No Details:

\_\_\_\_\_

Employment History

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_



May we contact this employer? Yes No

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact this employer? Yes No

Reason for Leaving: \_\_\_\_\_

Position Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact this employer? Yes No

Reason for Leaving: \_\_\_\_\_

Educational Background

Highest Degree Earned: \_\_\_\_\_ School: \_\_\_\_\_

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ School: \_\_\_\_\_

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_



Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ School: \_\_\_\_\_

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

List any work-related training and certifications. Date Received:  
\_\_\_\_\_

I authorize you to verify the information listed above. I certify that the information contained in this employment application is accurate and truthful. I understand that providing false information on this application may be grounds for not offering me employment or for the termination of my employment at any point in the future.

Applicant Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

By signing the job application certification, the applicant is attesting to the truth of the information included on the job application. If the job application is online, the applicant will generally click a box to acknowledge that they are submitting complete and accurate information. The checked box is considered your signature in any future employment determinations

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### Sample Application Self-Identification Form

Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment, nor will providing the information or not providing the information affect your application.

Federal government regulations require (organization name) to maintain records of job applicants by gender and race. Additionally, we collect this information to ensure that we are monitoring our own success in [encouraging diverse applicants](#).

Please assist us by providing the requested information. Providing this information is strictly voluntary on your part, and is not required to complete your Application for Employment.

Female \_\_\_\_\_ Male \_\_\_\_\_

1. \_\_\_\_\_ African-American/Black (not of Hispanic origin)



[www.ApplyPedia.com](http://www.ApplyPedia.com)

2. \_\_\_\_\_ Asian or Pacific Islander (includes Indian Subcontinent)
3. \_\_\_\_\_ American Indian or Alaskan Native
4. \_\_\_\_\_ Hispanic/Latino (Spanish culture or origin, regardless of race)
5. \_\_\_\_\_ White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East)
6. Race not included above

Please specify: \_\_\_\_\_.

Are you multi-racial or multi-ethnic (parents from two or more of the above-listed groups)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Thank you for your assistance.