



## Application for Employment

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

Name: (Last, First, Middle): \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Do you have the legal right to work in the United States? \_\_\_\_\_

(Final confirmation of employment with ARDC is contingent upon timely completion of an Employment Eligibility Verification Form I-9)

Are you at least 18 years of age? \_\_\_\_\_

Do you have any relatives employed by ARDC? If yes, indicate whom. \_\_\_\_\_

Have you ever been previously employed by ARDC? \_\_\_\_\_ If yes, please note date of hire and your former position title: \_\_\_\_\_

Type of Employment you are seeking (note Full-time, Part-time, or Temporary): \_\_\_\_\_

Available Start Date: \_\_\_\_\_

Education Background (Please indicate the highest level of education you have completed): \_\_\_\_\_

### Schooling:

1) Name of school and location (city/state): \_\_\_\_\_

Number of months attended: \_\_\_\_\_ Number of credits earned: \_\_\_\_\_

Type of credits (sem/qtr): \_\_\_\_\_ Degree Type: \_\_\_\_\_

Major: \_\_\_\_\_ Minor/Emphasis: \_\_\_\_\_

2) Name of school and location (city/state): \_\_\_\_\_

Number of months attended: \_\_\_\_\_ Number of credits earned: \_\_\_\_\_

Type of credits (sem/qtr): \_\_\_\_\_ Degree Type: \_\_\_\_\_

Major: \_\_\_\_\_ Minor/Emphasis: \_\_\_\_\_



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3) Name of school and location (city/state):
Number of months attended:
Number of credits earned:
Type of credits (sem/qtr):
Degree Type:
Major:
Minor/Emphasis:

Work Experience: (Starting with your present or most recent employer, list all work experience relevant to the positions for which you are applying.)

Present or last employer:
Mailing Address:
Your supervisor's name:
Phone number:
Dates employed (month/year) from:
to:
Total number of months employed:
Job title:
Reason for leaving:

Job duties/accomplishments:

Second last employer:
Mailing Address:
Your supervisor's name:
Phone number:
Dates employed (month/year) from:
to:
Total number of months employed:
Job title:
Reason for leaving:

Job duties/accomplishments:



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Third last employer: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Your supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Dates employed (month/year) from: \_\_\_\_\_ to: \_\_\_\_\_  
Total number of months employed: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Job duties/accomplishments:

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

**References:** (List three work/educational related references that are in a position to evaluate your experience and qualifications.)

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Registrations, licenses or certifications** (list any relevant items here):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



**Application for Employment**

**Additional Information.** (To assist us in evaluating your application, please use this space to provide additional information necessary to describe your full qualifications.)

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

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Manager. As an Equal Opportunity Employer, we consider all applicants for positions.*