



# Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Please Print

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

**APPLICANT DATA:**

**Position Applied For:**

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Security # \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? Yes No  
If no, please explain: \_\_\_\_\_

Do you need permission to work in the United States? Yes No

Can you after employment, submit documents of proof that you are eligible to work in the United States? Yes No

Have you ever worked for this company? Yes No If yes, when? \_\_\_\_\_

Type of employment desired: Full Time \_\_\_ Part Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_

Have you ever plead "guilty", "no contest", or been convicted of a crime? Yes No  
If yes, give details and dates: \_\_\_\_\_

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

**EDUCATION:**

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you Graduate: Yes No GPA: \_\_\_\_\_

**College/University:** \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you Graduate: Yes No Major: \_\_\_\_\_ GPA: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you Graduate: Yes No Major: \_\_\_\_\_ GPA: \_\_\_\_\_

**REFERENCES: (Permission to verify contacts)**

Please furnish the names, addresses, and telephone numbers of three people to whom you are not related and by whom you have not been employed:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

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

**PREVIOUS EMPLOYMENT: (Begin with most recent position)**

Dates of employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Positions Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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

Starting Salary and Position: \_\_\_\_\_ Ending Salary and Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer for a reference? Yes No

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Firm: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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

Starting Salary and Position: \_\_\_\_\_ Ending Salary and Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer for a reference? Yes No

**Please attach separate sheet for additional previous employment information.**

I certify that my answers are true and complete to the best of my knowledge. I authorize Peaceful Living, LLC, to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. In the event that I am employed, I understand that false or misleading information given in my application or interview may result in discharge.