



APPENDIX B

Sample Job Application

Download this Sample Job Application on our website: www.arbusinessnavigator.com

JOB APPLICATION

[Company Name]

[Address]

[Telephone Number]

[Company Name] is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

What days are you available for work? _____

What hours or shifts are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for [Insert Company Name] before? Yes No

If yes, when?

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: [Insert Company Name] complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name: _____

Location (City, State): _____

Year Graduated: _____ Degree Earned: _____

College/University

Name: _____

Location (City, State): _____

Year Graduated: _____ Degree Earned: _____

Vocational School/Specialized Training

Name: _____

Location (City, State): _____

Year Graduated: _____ Degree Earned: _____

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

EmployerAddress: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

EmployerAddress: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

AT-WILL EMPLOYMENT

The relationship between you and **[Insert Company Name]** is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or **[Insert Company Name]**. No representative of **[Insert Company Name]** has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the Company’s President.

Applicant Signature: _____ Dated: _____

