



APPLICATION FOR EMPLOYMENT

Please fill in all spaces. If an item does not apply, write, "N/A."

Please print in ink clearly. You must complete you own application. Applicants who desire accommodations in completing the application are invited to discuss their needs with the office manager.

Position(s) Applied For:		Date of Application:	
How were you referred for employment? _____			
Have you ever worked for ADB before? _____			
Have you ever applied for work with ADB before? ____ Yes ____ No If so, when? _____			
Last Name	First Name	Middle	
Address	Number	Street	Zip Code
Telephone Number(s) (voluntary)		Social Security Number	

Best time to contact you at home is: _____:_____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, provide date _____

Have you ever been employed with us before? Yes No
If yes, provide date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, state name and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last five years? Yes No
(criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in questions)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	DATES EMPLOYED		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	DATES EMPLOYED		
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	DATES EMPLOYED		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	DATES EMPLOYED		
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

_____ YES _____ NO