

Application for Employment

POSITION APPLIED FOR

Position Title	Location	Date Available for Employment	Date of Information
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PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security #
Address (Street, City, State, Zip Code)			E-mail Address
Home Phone Number	Cell Phone Number	Work Phone Number	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of someone who knows how to contact you if your address changes			Phone Number
Address of Contact Person			Relationship
How did you find out about this job opening? <input type="checkbox"/> Web Page (identify) _____ <input type="checkbox"/> Newspaper/Journal Ad (identify) _____ <input type="checkbox"/> Referral <input type="checkbox"/> Job Service/CPPC <input type="checkbox"/> Other (Please Explain) _____			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name of College or University	Advisor	Date Attended		Type of Degree	Year Earned	GPA
		From	To			
BS/BA Major	Hours	Minor		Hours		
MS/MA Major	Hours	Minor		Hours		
Doctoral Major	Hours	Minor		Hours		
Hours beyond last degree		Subject Concentration				

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held.*

Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section.** This information will be used in *reference* checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
Full-time _____ Part-time, hrs/wk _____			
May we contact for references Yes _____ No _____		Supervisor's Name/Title/Phone: _____	Reason For Leaving: _____
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
Full-time _____ Part-time, hrs/wk _____			
May we contact for references Yes _____ No _____		Supervisor's Name/Title/Phone: _____	Reason For Leaving: _____
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
Full-time _____ Part-time, hrs/wk _____			
May we contact for references Yes _____ No _____		Supervisor's Name/Title/Phone: _____	Reason For Leaving: _____
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
Full-time _____ Part-time, hrs/wk _____			
May we contact for references Yes _____ No _____		Supervisor's Name/Title/Phone: _____	Reason For Leaving: _____
Duties:			

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position or Type of Activity	Duration of Involvement From To	Awards/ Recognition Received	Reason for Ending Involvement

REFERENCES

At minimum, list current supervisor and/or academic advisor and two professional/academic references. In addition to work references indicated in the employment history section, the following references may be contacted.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

In the box below, please briefly indicate other information about your professional and career goals which could be pertinent to an employment decision.

Mail, email or fax the signed application, letter of intent, current resumé and copies of academic coursework to:

**FlexoOne
Human Resource Department
1305 South 630 East
American Fork, Utah 84003**

For more information, contact us:

Telephone: 801.349.FLEX

Email: employment@fleoxone.com

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice.

Applicant's Signature _____ Date _____