

# APPLICATION FOR EMPLOYMENT

This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. The Ferguson College of Agricultural is not responsible for the misuse of information provided on this form. Provide all information requested.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Telephone ( ) -			

## POSITION

Position or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
Name and Location	Dates Attended Month/Year					
	From					
	To					
<b>College, Business School, Military (Most recent first)</b>					To	
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English						

**VETERAN INFORMATION (Most recent)**

Branch of Service	Date of Entry	Date of Discharge
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**ACTIVITIES (Civic, athletic, etc; exclude all organizations , the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)**

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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

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**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

**REFERENCES**

Name	Address	Telephone	Occupation

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_