

**APPLICATION FOR EMPLOYMENT**

Federal and state laws prohibit discrimination on the basis of sex, race, creed, religion, color, national origin, citizenship, age in accordance with applicable law, handicap, disability, medical condition, marital and veteran's status in all practices, privileges and conditions of employment. Irizarry Mendez PL d/b/a Irizarry Mendez Law Firm strictly adheres to these laws and regulations and will consider all qualified applicants for employment without regard to any of these factors.

(PLEASE PRINT)

Position(s) Applied For:	Date of Birth:	Social Security No.:			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name:	First Name:	Middle Name:			
Address:	Number:	Street:	City:	State:	Zip Code:
Telephone Number(s):			Date of Application:		

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, give date \_\_\_\_\_

Have you ever been employed with us before?       Yes       No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?       Yes       No

May we contact your present employer?       Yes       No

Do you have a legal right to live and work in the United States?       Yes       No  
 Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:       Full Time       Part Time       Temporary

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 7 years?       Yes       No  
 Conviction will not necessarily disqualify an applicant from employment.  
 If Yes, please explain \_\_\_\_\_

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Education

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Year Completed	4 / 5 / 6 / 7 / 8	9 / 10 / 11 / 12	1 / 2 / 3 / 4	1 / 2 / 3 / 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

## Employment 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, handicap or other protected status.

1. Employer	Dates Employed From /To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /Final	
Job Title		
Reason for Leaving		Supervisor
2. Employer	Dates Employed From /To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /Final	
Job Title		
Reason for Leaving		Supervisor
3. Employer	Dates Employed From /To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /Final	
Job Title		
Reason for Leaving		Supervisor

*(If you need additional space, please continue on a separate sheet of paper)*

## Special Skills and Qualifications

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

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that the Employer has an alcohol-free and drug-free workplace policy in effect. As such, the Employer reserves the right to request an applicant to take a drug test prior to their employment. I further certify that I have not used any controlled substance within the last twenty-four (24) months.

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

Print Name: \_\_\_\_\_

## Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. All data records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Name		
Address		
City	State	Zip
Social Security No.		