

# STRAUSS TROY

 attorneys at law

STRAUSS TROY, CO. LPA  
APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s):		Social Security Number
Email Address:		
Do you have a valid Social Security Card signed by you?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Position(s) Applied for	Date of Application
How did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

The best time to contact you at home is: \_\_\_\_\_ a.m./p.m.

Are you over 18 years of age?  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: \_\_\_\_\_

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

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary/wage range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

**EDUCATION**

School	School Name & Address	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate/Professional				
Other				

**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
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hour Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hour Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hour Rates/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Comments: Include explanation of any gaps in employment.**


**SPECIALIZED SKILLS** (Skills/Equipment Operated)

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

Are you capable of performing in a responsible manner, with or without a reasonable accommodation, the essential functions of the job for which you have applied?      \_\_\_ Yes      \_\_\_ No

If No, Please Explain

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**PERSONAL/PROFESSIONAL REFERENCES**

Name	Phone Number	Best Time to Call	Occupation
1.			
Email:			
2.			
Email:			
3.			
Email:			

**APPLICANT'S STATEMENT**

I hereby certify that all information and answers given herein are true and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at any employment decision, and I understand that any misrepresentation or omission is cause for rejection of this application or, if I am hired, termination of my employment.

I hereby understand and acknowledge that, if I am hired, I am required to abide by all rules and regulations of Strauss Troy, Co. LPA and that my employment relationship is "at will," which means that I may resign at any time and Strauss Troy, Co. LPA may discharge me at any time with or without cause. I further understand that the "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.

_____ Signature of Applicant	_____ Date
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