

APPLICATION FOR EMPLOYMENT

We consider all 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.

Position(s) Applied For:

Date of Application

How Did You Learn About Us?

- Advertisement Friend Inquiry
 Employment Agency Relative Other _____

Last Name

First Name

Middle Name

Address

Street

City

State

Zip Code

Telephone Number

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 filled out 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 current 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 (please indicate: 1---2---3 shift)

___ Part Time (please indicate: mornings afternoon evenings)

___ Temporary (please indicate dates available to work ____/____-____/____)

Can you travel if job requires it? ___Yes ___No

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

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

Empty form area for specialized training, apprenticeship, skills and extra-curricular activities.

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

Empty form area for job-related training received in the United States Military.

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

Empty form area for professional, trade, business or civic activities or offices held.

ADDITIONAL INFORMATION *(Other Qualifications)*

Empty form area for additional information (Other Qualifications).

SPECIALIZED SKILLS *(Skills/Equipment operated)*

Terminal Spreadsheet
 PC/MAC Word Processing
 Typewriter Shorthand
 WPM___ WPM___

Productive/Mobile Machinery (list)	Other

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

Empty form area for other information helpful to the 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

PERSONAL/PROFESSIONAL REFERENCES *(Do not include family members)*

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

EDUCATION

School	Name and Address of School	Course of Study	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,

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		Work Performed
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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		

Comments: Include explanation of any gaps in employment.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

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 the Employee at any time with or without cause. It is further understood that this is "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 a false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date
