

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, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name First Name Middle Name

Address Number Street City State Zip Code

Telephone Number(s) Social Security Number

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

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.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work 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 _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, disabilities or other protected status.

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

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

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

4. Employer _____ Dates Employed
From _____ To _____ Work Performed _____
Address _____
Telephone Number(s) _____ Hourly Rate/Salary
Starting _____ Final _____
Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

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

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EDUCATION

Name and Address Of school	Course of Study	Years Completed	Diploma Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

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

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

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

Specialized Skills	Check Skills/Equipment Operated	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> CRT	<input type="checkbox"/> FAX	_____	_____
<input type="checkbox"/> PC	<input type="checkbox"/> LOTUS 1-2-3	_____	_____
<input type="checkbox"/> CALCULATOR	<input type="checkbox"/> EXCEL	_____	_____
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> MICROSOFT WORD	_____	_____

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

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB, WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

REFERENCES

1. _____
 (Name) (Phone #)

 (Address)
2. _____
 (Name) (Phone #)

 (Address)
3. _____
 (Name) (Phone #)

 (Address)

Would you be willing to submit to a background check? _____ Yes _____ No

Would you be willing to submit to a drug test? _____ Yes _____ No

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 acknowledge 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks: _____

Employed _____ Yes _____ No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____
Name and Title

_____ Date

NOTES:

