

For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally processes status.

(Please Print)

Date of Application _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

=====

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____/____/____

If employed and under the age of 18,
Can you furnish a work permit? YES NO

Have you filled an application here before? YES NO
IF YES, GIVE DATE _____

Have you ever been employed here before? YES NO
IF YES, GIVE DATE _____

Are you employed now? YES NO
May we contact you 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 on a lay-off 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? NO YES
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Indicate languages you 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, or handicap or other protected status):

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Veit Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER	TELEPHONE	DATES EMPLOYED	WORK EXPERIENCE
		FROM TO	
	()		
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY	
		STARTING FINAL	
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER	TELEPHONE	DATES EMPLOYED	WORK EXPERIENCE
		FROM TO	
	()		
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY	
		STARTING FINAL	
SUPERVISOR			
REASON FOR LEAVING			

EMPLOYER	TELEPHONE	DATES EMPLOYED	WORK EXPERIENCE
		FROM TO	
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EMPLOYER	TELEPHONE	DATES EMPLOYED	WORK EXPERIENCE
		FROM TO	
	()		
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	PROFESSIONAL
School Name				
Years 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 Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities

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

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.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is entered by the employer and employee in writing.

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 _____ Interviewer _____ Date _____

JOB TITLE _____ HOURLY RATE/SALARY _____

DEPARTMENT _____

By _____ Name and Title _____ Date _____