

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.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip
Telephone Number(s)		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 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	
Have you ever been convicted of a Felony or theft?		Yes / No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?		Yes / No	
<i>Proof of citizenship or immigration status will be required upon employment.</i>			
Date available for work ___/___/___		What is your desire salary range? _____	
Are you available to work:			
		<input type="checkbox"/> Full Time (Please indicate 1 2 3 shift)	
		<input type="checkbox"/> Part time (Please indicate Mornings Afternoon Evenings)	
		<input type="checkbox"/> Temporary (Please indicate dates available ___/___ - ___/___)	
Are you currently on "lay-off" status and subject to recall?		Yes / No	
Can you travel if a job requires it?		Yes / No	
WE ARE AN EQUAL OPPORTUNITY EMPLOYER			

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

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

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.

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Machinery (list)	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

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 FOR WHICH YOU ARE APPLYING.

Are you capable of performing reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for 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 or past supervisors.*

Name	Phone number	Best time to call	Occupation
1			
2			
3			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in the 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed From To	Work Performed
Address		
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Supervisor		
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Supervisor		
Reason for Leaving	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.
