



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?

Advertisement Relative Inquiry Employment Agency Friend

Other _____

Applicant's Last Name

First Name

Middle Name

Street Address

Apt

City

State

Zip

Telephone Number () _____

Best time to contact you is _____ (Include Day of Week and time of day with AM or 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 _____

Last Name: _____ WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you able to provide the proper identification to verify US citizenship or your right to work in the United States? Yes No

Date Available for work _____(MM/DD/YYYY)

What is your desired salary range? _____(US dollars)

Which are you available to work? (check all that apply): Full-Time Part-Time Temporary
1st Shift 2nd Shift 3rd Shift Evenings Mornings Afternoon

Are you currently on "lay off" status and subject to recall: Yes No

Can you travel if a job requires it? Yes No

EDUCATION

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

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

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

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 Name:	Address:
Telephone Number:	Job Title:
Supervisor:	
Reason for leaving:	
Dates Employed (From):	To:
List duties performed:	

2. Employer Name:	Address:
Telephone Number:	Job Title:
Supervisor:	
Reason for leaving:	
Dates Employed (From):	To:
List duties performed:	

3. Employer Name:		Address:
Telephone Number:	Job Title:	
Supervisor:		
Reason for leaving:		
Dates Employed (From):	To:	
List duties performed:		

4. Employer Name:		Address:
Telephone Number:	Job Title:	
Supervisor:		
Reason for leaving:		
Dates Employed (From):	To:	
List duties performed:		

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:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal Spreadsheet PC/MAC Word Processing Typewriter WPM_____

Shorthand WPM_____

List Production/Mobile Machinery:

List other specialized skills:

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 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

REFERENCES

1. Name:	Phone: ()	Address:
2. Name:	Phone: ()	Address:
3. Name:	Phone: ()	Address:

APPLICANT'S 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 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 at any time 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

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date: _____

Arrange Interview: Yes No Remarks: _____

Employed Yes No Date of Employment _____

Job Title: _____ Hourly Rate/Salary _____

Department _____

By _____

NAME AND TITLE

DATE