

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_