

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application: (mm/dd/yyyy)
How Did You Learn About Us:		
Advertisement	Relative	Inquiry
Employment Agency	Friend	Other:

Last Name:	First Name:	Middle Name:
Address: <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) (###)###-####:	Social Security Number: (### - ## - ####) (Voluntary)	
Home:	Cell:	

Best time to contact you is:.....		
If you are under 18 years of age, can you provide required proof of you eligibility to work?.....	Yes	No
Have you ever filed an application with us before?.....	Yes	No
If Yes, give date(mm/dd/yyyy):		
Have you ever been employed with us before?.....	Yes	No
If Yes, give date(mm/dd/yyyy):		
Do any of your friends or relatives, other than you spouse, work here?.....	Yes	No
Are you currently employed?.....	Yes	No
May be contact your current employer?.....	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?		
<i>Proof of citizenship or immigration status will be required upon employment</i>	Yes	No
Date available for work:	What is you desired salary range?	
Are you available to work:	Full Time	
	Part Time	Morning Afternoon Evening
	Temporary	Dates to
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if job requires it?	Yes	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

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

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

EMPLOYMENT EXPERIENCE

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

Employer:	Dates Employed:		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed:		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed:		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed:		Work Performed
	From	To	
Address:			
Telephone Number:	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

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	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
Words/Minute	Words/Minute		

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.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?

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 beyond this time 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.

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

