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 _____

Last Name | First Name | Middle Name

Address *Number* *Street* *City* *State* *Zip Code*

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

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
Proof of citizenship or immigration status will be required upon employment. . . . . . ☐ Yes ☐ No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ 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

NAME: _____ POSITION: _____ DATE: ___/___/___

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
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		Dates Employed From	Dates Employed To	Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title	Supervisor			
Reason for Leaving				

2.

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

3.

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

4.

Employer		Dates Employed From	Dates Employed To	Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title	Supervisor			
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:

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	_____	_____
WPM ___	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 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 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 _____

_____ INTERVIEWER _____ DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____ NAME AND TITLE _____ DATE

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Rev 3/99

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