



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. We are an equal opportunity employer.

PLEASE PRINT

Position Applied For: _____ Date of Application: _____

How did you learn about us?

____Advertisement ____Friend ____Walk-In ____Employment Agency ____Relative ____Other

Full Name: _____ Phone number: _____ SSN #: _____

Present address Street, Apt. or Unit No.: _____ City / State / Zip _____ / _____ / _____

If you are under 18 Years of age, can you provide required proof of your eligibility to work? ____Yes ____No

Have you ever applied to this company 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*

Type of employment desired: ____Full-Time ____Part-Time ____Temporary Date on which you can start: _____

Are you currently on 'lay-off' status and subject to recall? ____Yes ____No

Do you have a clean driving record? ____Yes ____No Can you travel if a job requires it? ____Yes ____No

Within the past ten (7) years, have you been convicted of a felony? ____Yes ____No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain so that individual circumstances can be considered.

WORK EXPERIENCE

Start with your present or last place of employment. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Name _____ Address _____ Type of Business _____
Phone: _____ Dates Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
May we contact? Yes No If so, please list email or Telephone #: _____
Initial Wage: _____ Final Wages: _____
Reason for Leaving: _____

Brief Description of Duties:

Employer

Name _____ Address _____ Type of Business _____
Phone: _____ Dates Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
May we contact? Yes No If so, please list email or Telephone #: _____
Initial Wage: _____ Final Wages: _____
Reason for Leaving: _____

Brief Description of Duties:

Employer

Name _____ Address _____ Type of Business _____
Phone: _____ Dates Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
May we contact? Yes No If so, please list email or Telephone #: _____
Initial Wage: _____ Final Wages: _____
Reason for Leaving: _____

Brief Description of Duties:

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

Education	School Name & Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

	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

CRT FAX PC Lotus 1-2-3 Calculator PBX System Wordperfect

Production / Mobile Machinery (list):

Other (list):

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? YES NO

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Telephone

APPLICANT CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge.

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.

Applicant Signature: _____ **Date:** _____

For Personnel Department Use Only

Arrange Interview YES NO

Remarks: _____

Interviewer: _____ Date: _____

Employed YES NO Date of Employment _____

Job Title _____ Department _____ Hourly Rate / Salary _____

By: _____

Name and Title

Date