

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For _____	Date of Application _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address Number	Street	City
	State	Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date _____
Do any of your friends or relatives, other than spouse, work here? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>
Date available for work ____ / ____ / ____ What is your desired salary range? _____
Are you available to work: <input type="checkbox"/> Full-Time (indicate 1 2 3 shift) <input type="checkbox"/> Part-Time (indicate Morning Afternoon Evening)
<input type="checkbox"/> Temporary (indicate dates available ____ / ____ / ____) to ____ / ____ / ____)
Are you currently on "lay-off" status and subject to recall? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

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

ADDITIONAL INFORMATION

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:

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	_____	_____
		_____	_____

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 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

