

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions with 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"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

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

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? \_\_\_\_\_  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.....*

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 Afternoons Evenings)

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_  Yes  No

Can you travel if the 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 College				
Graduate Professional				
Other (Specify)				

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

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

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# 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	<u>Dates Employed</u> From - To	Work Performed	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title			Supervisor
	Reason for Leaving			
2.)	Employer	<u>Dates Employed</u> From - To	Work Performed	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title			Supervisor
	Reason for Leaving			
3.)	Employer	<u>Dates Employed</u> From - To	Work Performed	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting - Final		
	Job Title			Supervisor
	Reason for Leaving			
4.)	Employer	<u>Dates Employed</u> From - To	Work Performed	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting - 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.

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS

### (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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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 accommodations?  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 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