

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.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
Advertisement	Friend	Walk-In	
Employment Agency	Relative	Other _____	
Last Name	First Name		Middle Name
Address: Number	Street	City	State Zip Code
Telephone Number(s)		Social Security Number	
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?		If Yes, give date _____	
Have you ever been employed with us before?		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? <i>Proof of citizenship or immigration status will be required upon employment.</i>		Yes	No
On what date would you be available for work?		_____	
Are you available to work: Full Time Part Time Shift Work Temporary			
Are you currently on "lay-off" status and subject to recall?		Yes	No
Can you travel if a job requires it?		Yes	No
Have you been convicted of a felony ? <i>Conviction will not necessarily disqualify an applicant from employment</i>		Yes	No
If Yes, please explain		_____ _____	

NAME: _____

POSITION: _____

DATE: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indicate any foreign languages you can speak, read and/or write			
	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.

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

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____
		_____	_____

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 description of the activities involved in such a job or occupation is attached.

YES

NO

References

1.	_____ () _____	Phone #
	(Name)	

	(Address)	
2.	_____ () _____	Phone #
	(Name)	
	_____ () _____	
	(Address)	
3.	_____ () _____	Phone #
	(Name)	

	(Address)	

Applicants' Statement

I certify that answers given herein are true and complete to the best of my knowledge.
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 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 even of employment, I understand that false or misleading information given in my application of 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 _____	DATE
			NAME AND TITLE	

NOTES

