

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?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)			

Best time to contact you at home: _____	
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? If Yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If Yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work: _____	What is your desired salary range? _____
Are you available to work:	<input checked="" type="radio"/> Full Time (please indicate 1, 2, 3 shift) <input type="radio"/> Part Time (please indicate Morning, Afternoon, Evening) <input type="radio"/> Temporary (please indicate dates available)
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

EDUCATION

	Name & 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 that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

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

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

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

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

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.

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

VETERAN of the U. S. Military?

Yes

No

If yes, Branch

Indicate languages you speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES

1.	
Name	Phone
Address	

2.	
Name	Phone
Address	

3.	
Name	Phone
Address	

ADDITIONAL INFORMATION

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 the 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