



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)		Email	

Best time to contact you: _____	
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: _____	
Have you ever been employed 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 authorized to work in the United States?	<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 (please indicate 1, 2, 3 shift)
	<input type="checkbox"/> Part Time (please indicate Morning, Afternoon, Evening)
	<input type="checkbox"/> 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
Are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, list branch: _____	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Employer Name and Address	Work Performed
	Telephone Number(s)	Dates Employed From _____ To _____
	Job Title	Supervisor
	Reason for Leaving	

2.	Employer Name and Address	Work Performed
	Telephone Number(s)	Dates Employed From _____ To _____
	Job Title	Supervisor
	Reason for Leaving	

3.	Employer Name and Address	Work Performed
	Telephone Number(s)	Dates Employed From _____ To _____
	Job Title	Supervisor
	Reason for Leaving	

4.	Employer Name and Address	Work Performed
	Telephone Number(s)	Dates Employed From _____ To _____
	Job Title	Supervisor
	Reason for Leaving	

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Other (Specify)				

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

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held:

Other Qualifications – <i>Summarize special job-related skills acquired from employment or other experience and any additional information you may feel helpful to us in considering your application:</i>

REFERENCES

1.

Name	Address
Phone #	Email Address

2.

Name	Address
Phone #	Email Address

3.

Name	Address
Phone #	Email Address



APPLICANT 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 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