

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 Applied For _____ *Date of Application* _____

How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other

Last Name _____ *First Name* _____ *Middle Name* _____

Address Number _____ *Street* _____ *City* _____ *State* _____ *Zip Code* _____

Telephone Number _____ XXXXXXXXXX

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

Date available for work ____/____/____ What is your desired salary? _____

Are you available to work: Full-Time (Please indicate 1 2 3 shift)

Part-Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available __/__/__ - __/__/__

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, creed, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed		Work Performed
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		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		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 organizations which indicate race, color, religion, creed, gender, national origin, disabilities 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"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Machinery (List)	_____
<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.

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____ Job Title _____

Hourly Rate/Salary _____ Department _____

By _____ Date _____

Name and Title