

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?

Advertisement

Employment Agency

Relative

Inquiry

Friend

Other: _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number (Primary)

Telephone Number (Secondary)

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/relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from becoming legally employed in this country due to Visa or Immigration status? Yes No

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

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

Can you travel if a job requires it? Yes No

Date available for work ____/____/____.

What is your desired salary range? _____

Work availability (Circle all that apply)

Full Time

Part Time: Morning

Afternoon

Evening

Temporary

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 duties. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Dates Employed: ____/____/____ - ____/____/____.
Address	Hourly Rate/Salary: Start: _____ End: _____
Telephone Number	Work Performed: _____
Job Title	_____
Supervisor	_____
Reason for Leaving	_____

Employer	Dates Employed: ____/____/____ - ____/____/____.
Address	Hourly Rate/Salary: Start: _____ End: _____
Telephone Number	Work Performed: _____
Job Title	_____
Supervisor	_____
Reason for Leaving	_____

Employer	Dates Employed: ____/____/____ - ____/____/____.
Address	Hourly Rate/Salary: Start: _____ End: _____
Telephone Number	Work Performed: _____
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 *(Circle skills/equipment operated)*

PC/MAC MS Excel Copy Machine Multiple Line Phone _____

MS Publisher MS Word Fax Machine _____

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

Note to applicant: 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 review of the activities involved in such a job or occupation has been given.

_____ YES _____ No

REFERENCES

1. _____ ()
Name Phone Number

Address
2. _____ ()
Name Phone Number

Address
3. _____ ()
Name Phone Number

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

ITEMS BELOW THIS LINE TO BE COMPLETED BY EMPLOYER ONLY

REFERENCE VERIFICATION

1st Reference verified by: _____ Date: _____

Notes: _____

2nd Reference verified by: _____ Date: _____

Notes: _____

3rd Reference verified by: _____ Date: _____

Notes: _____

