

# 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(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"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<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	Desired salary range	
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate shift)
	<input type="checkbox"/> Part-Time	(please indicate hours)
	<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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# EDUCATION

	Name and Address of School	Course of Study	Number of 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 which indicate race, color, religion, gender, national origin, disability or other protected status.

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

Terminal

Spreadsheet

Production/Mobile  
Machinery (list)

Other (list)

PC/MAC

Word Processing

Typewriter

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 \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER

DATE

Employed  Yes  No Date of Employment

Job Title Hourly Rate/Salary Department

By

NAME AND TITLE

DATE