

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, 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 The Position			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			

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 what date _____

Do any of your friends or relatives, other than spouse work here? If yes, state name, relationship and location _____ Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

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

Are you available to work: Full Time Part Time Temporary
(Please indicate Mornings Afternoon Evenings)
(Please indicate dates available ___/___/___)

Education

School	Name of School and Address	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work 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, disabilities or other protected status.

Employer	Dates Employed	Work Performed
Address	From/To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed	Work Performed
Address	From/To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed	Work Performed
Address	From/To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed	Work Performed
Address	From/To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary	
Supervisor		
Reason for Leaving	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Describe any job-related training received in the United States military.

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

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

PC: Word Excel Access

Other: (List below): _____

Equipment Operated: _____

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.

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

Personal/Professional References (Do not include family members or past supervisors.)

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

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 applicants 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