

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied for		Date
How did you learn about us?		
Last Name	First Name	Middle Name
Address Street		City, State, Zip Code
Phone #	Email	

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

Do any of your friends or relatives, other than your spouse work here? Yes No

Are you currently employed? Yes No

May we contact your 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 range?

Are you available to work: Full-Time (1st 2nd 3rd shift)
 Part-Time (Mornings Afternoons Evenings)

Are you currently on a "Lay-Off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

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, Disabilities or other protected status.

Employer	From	To
Address		Work performed
Telephone Number(s)		
Job Title	Supervisor	
Reason For Leaving		

Employer	From	To
Address		Work performed
Telephone Number(s)		
Job Title	Supervisor	
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If you need additional space please continue on 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)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spread Sheet	Production/Mobile Machinery (list):
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	Other (List):
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	

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:	
<hr/>	
2. Name:	Phone #
Address:	
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3. Name:	Phone #
Address:	
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4. Name:	Phone #
Address:	

APPLICANT'S STATEMENT

I certify that the 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 the 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 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.

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: