

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 _____
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Last Name _____	First Name _____	Middle Name _____
Address Number Street _____	City _____	State _____ Zip _____
Telephone Number _____	DOB _____	DL Number/State _____ Expiration _____ Social Security Number _____

Best time to contact you at home is: _____	___:___ a.m.	p.m.
If you are under 18 years of age, can you provide required proof of your eligibility to work?	___ YES	___ NO
Are you a veteran of the U.S. Military Service?	___ YES	___ NO
Have you ever filed an application with us before? If YES, give date _____	___ YES	___ NO
Have you ever been employed with us before? If YES, give date _____	___ YES	___ NO
Do any of your friends or relatives, other than spouse, work here? If YES, state name, relationship & location _____	___ 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 due to Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	___ YES	___ NO
Date available for work ____/____/____ What is your desired salary range? _____		
Are you available to work: _____ Full Time _____ Part Time _____ Temporary		
Are you currently on "lay-off" status and subject to recall?	___ YES	___ NO
Can you travel if a job requires it?	___ YES	___ NO

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EDUCATION

School	Name and Address of School	Course of Study	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			
Job Title	Hourly Rates /Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rates /Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
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Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rates /Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

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

List professional, trade, business, licenses held 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

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

	Name	Telephone 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 to time not to exceed 6 months. 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 be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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 requiring abiding by all rules and regulation of the Employer.

Signature of Applicant _____

Date _____

For Personnel Department Only

Remarks _____

Interview Report By _____