

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 Clear

Position(s) Applied For _____		Date of Application _____	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	Other: _____	
Last Name _____		First Name _____	
		Middle Name _____	
Address _____		City _____	State _____
		Zip Code _____	
Home Telephone Number(s): _____		Social Security Number: _____	
Best time to contact you at home is: :__ am __:__ pm			
If you are under 18 years of age , can you provide required proof of you 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?			
If Yes, give date: _____			
Do any of your friends or relatives, other than you spouse, work here?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are 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? <i>If yes, Proof of citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date available for work _____.		What is your desired salary range? _____	
Are you available to work:			
<input type="checkbox"/> Full-Time	(please indicate <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, shift)		
<input type="checkbox"/> Part-Time	(please indicate <input type="checkbox"/> Morning, <input type="checkbox"/> Afternoon, <input type="checkbox"/> Evening, shift)		
<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			
<i>By answering 'Yes' to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.</i>			
Have you been convicted of a felony?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide date(s) and details:			

Are you able to perform the essential functions of this job for which you are applying, with or without a reasonable accommodation? <i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and 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.

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

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.

References

Please do not include relatives as References.

Name: _____ Phone #: (_____) _____ - _____

Address: _____ City: _____

State: _____ Zip Code: _____

Name: _____ Phone #: (_____) _____ - _____

Address: _____ City: _____

State: _____ Zip Code: _____

Name: _____ Phone #: (_____) _____ - _____

Address: _____ City: _____

State: _____ Zip Code: _____

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.

This application may be shared with our Affiliated Companies. If you prefer that your application not be shared among our Affiliated Companies then check this box.

Signed By

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

Position(s) Applied for is Open: ___ Yes ___ No

Position(s) Considered For: _____
Date: _____