

# 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	
How Did 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: ..... : ..... 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, please give date: \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If Yes, please give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  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 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 able to work:

Full-Time      ( please indicate 1 2 3 shift )

Part-Time      ( please indicate Mornings Afternoon Evenings )

Temporary      ( please indicate dates available \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_ )

Are you currently on "lay-off" and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No



# 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, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor			
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.*


# APPLICANT'S STATEMENT

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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 an employment decision.

This application for employment shall be considered for 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" 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

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## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_ Interviewer \_\_\_\_\_ Date

Employed  Yes  No Date of Employment \_\_\_\_\_

Hourly Rate /  
Salary \_\_\_\_\_ Department \_\_\_\_\_

Job Title \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

# ADDITIONAL INFORMATION

## Other Qualifications

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

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## 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.***

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**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

## REFERENCES

1.	(Name)	( )	(Phone)
	(Address)		
2.	(Name)	( )	(Phone)
	(Address)		
3.	(Name)	( )	(Phone)
	(Address)		

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is  Yes  No

Position(s) Considered \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_