

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
☐ Advertisement	☐ Relative	☐ Inquiry
☐ Employment Agency	☐ Friend	☐ Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email:		

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 the date(s) _____

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

- If Yes, give date(s) _____

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 present 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 (please indicate ☐ 1 ☐ 2 ☐ 3 shift)
☐ Part-Time (please indicate ☐ Mornings ☐ Afternoons ☐ Evenings)
☐ Temporary (please indicate dates available _____ - _____)

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

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

WE ARE AN EQUAL-OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Numbers 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.

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	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.

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)	
2.	_____ (Name)	_____ Phone#
	_____ (Address)	
3.	_____ (Name)	_____ Phone#
	_____ (Address)	

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	Dates Employed	/From	/To
Address	Work Performed		
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed.	/From	/To
Address	Work Performed		
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed	/From	/To
Address	Work Performed		
Telephone Number(s)			
Job Title			
Reason for Leaving			
Employer	Dates Employed	/From	/To
Address	Work Performed		
Telephone Number(s)			
Job Title			
Reason for Leaving			

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

I certify that the answers given herein are true and complete.

I authorize the 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 the 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

Position(s) Applied For is Open ☐ Yes ☐ No Date: _____

Position(s) Considered For: _____

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Department _____

Hour Rate/
Salary _____

NAME AND TITLE

DATE

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