

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For	Date of Application		
Last Name	First Name	Middle Name	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	
Address	City	State	Zip Code
Telephone Number			

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: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

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.

On what date would you be available for work? _____

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

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any Honors you have received.

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or national group.)

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous Employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are Applying? 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, religion, gender, national origin, handicap or other protected status.

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			
Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.



Special Skills and Qualifications

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 any 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.

I agree to submit to a pre-employment drug test for the purposes of determining the presence of narcotics, marijuana, and/or other illegal substances. I understand that refusal or failure to submit to such testing, falsification of a test, or a positive finding on a test will remove me from consideration for employment.

Signature of Applicant

Date

Notes: _____
