

## 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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

E-mail \_\_\_\_\_

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, give date \_\_\_\_\_

Have you ever been employed with us before? Yes No

If Yes, 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 lawfully authorized to work in the United States? Yes No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full-Time  Shift 1  Shift 2  Shift 3

(please indicate 1 2 3 shift)

Part-Time  Mornings  Afternoon  Evenings

(please indicate Mornings Afternoon 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

## Education

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	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship skills and extra curriculum activities

Describe any job related training, received in the United States Military

## 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 \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Work Performed \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Work Performed \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

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

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Work Performed \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

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

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.

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 the Applicant

\_\_\_\_\_  
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

## FOR PERSONNEL DEPARTMENT USE ONLY

Position ( A)applied for is open  Yes  No

Position Considered For

Date \_\_\_\_\_

## ADDITIONAL INFORMATION

### Other Qualifications

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

### SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery(list)	Other(list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

State and 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 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	_____		