

APPLICATION FOR EMPLOYMENT



We consider applicants 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(s) Applied For		Date of Application
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_____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security 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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

May we contact your current 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 Shift Work Temporary Overtime

Are you currently on "Lay Off" status and subject to recall? YES NO

Can you travel if the job requires it? YES NO

Have you been convicted of a felony within the last seven (7) years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Do any of your friends or relatives work here? YES NO

If yes, please identify _____

EDUCATION

	Elementary School	High School	Undergraduate College/ University	Graduate Professional
School name and location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
Describe any honors you received.	
State any additional information you feel may be helpful to us in considering your application.	

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

List professional, trade, business or civil activities and offices held. You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status :

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, please 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 that indicate race, color, religion,
gender, national origin, handicap or other protected status.

1.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(S)		Hourly Rate/ Salary:		
Job Title	Supervisor	Starting:		
Reason for Leaving		Final:		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

2.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(S)	Hourly Rate/ Salary:		
Job Title	Supervisor	Starting:	
Reason for Leaving	Final:		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

3.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(S)	Hourly Rate/ Salary:		
Job Title	Supervisor	Starting:	
Reason for Leaving	Final:		

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 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 at 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.

Electronic Signature :

Before you begin, you should be aware of the following:

- 1) By typing your name in the signature field, you are agreeing to complete the application signature process electronically.
- 2) Your responses to all questions throughout this process will be recorded and made part of your electronically signed documents. \
- 3) You have the right to request a paper copy of any documents you signed electronically.
- 4) By completing the electronic signature process, you are are certifying that you are the person identified as "Applicant" on this application.

Signature of applicant

(type your full, legal name as your electronic signature)

Date