

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

Position(s) Applied For			Date of Application	
How Did You 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			City	State
				Zip Code
Telephone Number(s)			Social Security Number	
Best time to contact you is: _____				
If you are under 18 years of age can you provide required proof of eligibility to work?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date _____				
Do any of you friends or relatives, other than spouse work here?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country Because of Visa or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (mornings / afternoons) <input type="checkbox"/> Temporary				
Are you currently on a "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> 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, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
				Starting	Final
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
				Starting	Final
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
				Starting	Final
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
				Starting	Final
Job Title		Supervisor			
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

ADDITIONAL INFORMATION

Other Qualifications, Specialized Skills or Equipment Operated

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

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.

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? ___ Yes ___ No

REFERENCES

1. NAME:	PHONE:
ADDRESS:	
2. NAME:	PHONE:
ADDRESS:	
3. NAME:	PHONE:
ADDRESS:	

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. 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

Employed ___ Yes ___ No Date of Employment: _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date