



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?

Last Name: First Name: Middle Name:

Street Address: City: State: Zip Code:

Telephone Number(s): Social Security Number:

Best time to contact you at home is:

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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

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 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:

High School:

Name and Address of School:

Course of Study:

Years Completed:

Diploma Degree:

Undergraduate College:

Name and Address of School:

Course of Study:

Years Completed:

Diploma Degree:

Graduate Professional:

Name and Address of School:

Course of Study:

Years Completed:

Diploma Degree:

Other (Specify):

Name and Address of School:

Course of Study:

Years Completed:

Diploma Degree:

Describe any specialized training, apprenticeship, skills and extra-curricular 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.

1. Employer:

Address:

Telephone Number:

Job Title: Supervisor:

Reason for Leaving:

Dates Employed: -

Hourly Rate/Salary: Starting Final

Work Performed:

2. Employer:
Address:
Telephone Number:
Job Title: Supervisor:
Reason for Leaving:
Dates Employed: -
Hourly Rate/Salary: Starting Final
Work Performed:

3. Employer:
Address:
Telephone Number:
Job Title: Supervisor:
Reason for Leaving:
Dates Employed: -
Hourly Rate/Salary: Starting Final
Work Performed:

4. Employer:
Address:
Telephone Number:
Job Title: Supervisor:
Reason for Leaving:
Dates Employed: -
Hourly Rate/Salary: Starting Final
Work Performed:

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.

References:

Name: Phone Number:
Address:

Name: Phone Number:
Address:

Name: Phone Number:
Address:

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: