

APPLICATION FOR EMPLOYMENT



Applicants are considered 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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How did you learn about us?

Advertisement
 Friend
 Inquiry
 Employment Agency
 Relative
 Walk-in
 Other _____

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

Best time to contact you is: _____ : _____ am pm

If you are under 18 years of age, can you provide required proof of your eligibilty to work ? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed here before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

If hired, can you furnish proof you are legally entitled to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it ? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary

Please indicate here if special times are desired _____

Have you been convicted of a felony in the last seven years ? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

WORK 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		Work Performed
	From	To	
Address (City, State)			
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving			May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address (City, State)			
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving			May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address (City, State)			
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving			May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address (City, State)			
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for leaving			May We Contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Summarize special skills and qualifications acquired from employment or other experiences.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

State any additional information you feel may be helpful to us in considering your application

Personal / Professional References *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANTS 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 60 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 understand that this application is not and is not intended to be a contract for employment.

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?

Remarks

Reference Follow-up
