

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"/>
<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>	Relative	<input type="checkbox"/>
				<input type="checkbox"/>
				Walk-In
				Other _____
Last Name		First Name		Middle Name
Address		Street	City	State ZipCode
Telephone Number(s)			Social Security Number:	
Have you ever been known by another name(s)?			If yes, list name(s):	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

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

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time

Shift Work

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

If Yes, please explain:

Education

	High School	Undergraduate College/University	Graduate/ Professional	Other
School Name and Location				
Years Completed	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 have 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			
Read			
Write			

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p>

References

<p>Give name, address and telephone number of three references who are not related to you and are not previous employers.</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>

<p>Have you ever had any job-related training in the United States military? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please describe _____</p> <p>_____</p>
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<p>Are you physically or otherwise unable to perform the duties of the job for you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Employment Experience

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

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly Rate/Salary		
Telephone Numbers (s)	Starting	Final	
Job Title	Supervisor		
Reason for leaving			

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If you need additional space, please continue on a separate sheet of paper.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply. The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

DATE _____

(Please print)

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

X	Complete Only The Sections Below That Have Been Checked
	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Check One Of The Following: (Ethnic Origin)
	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any Of The Following Are Applicable
	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birthdate

Applicant's Statement

I certify that answers given herein are true and 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 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 _____

INTERVIEWER

DATE

Job Title _____

Hourly Rate/Salary _____

Dept. _____

By _____

NAME AND TITLE

DATE

NOTES: _____

