

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?

- Advertisement Friend Walk-In
 Employment Agency Relative Other

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

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

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 Temporary

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

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

Elementary School

High School

Undergraduate
College / University

Graduate /
Professional

School Name and Location

Years Completed

Diploma / Degree

Graduate

GED

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

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

You may exclude memberships 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 which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | | |
|--------------------|---------------------|------------|---------------------|-------|----------------|
| 1. | Employer | | Length of Service | | Work Performed |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | |
| 2. | Employer | | Length of Service | | Work Performed |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate /Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | |
| 3. | Employer | | Length of Service | | Work Performed |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | |
| 4. | Employer | | Length of Service | | Work Performed |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| Reason for Leaving | | | | | |

If you need additional space, please use section below or notes at end of form.

Special Skills and Qualifications

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

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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing

In the event of employment, I understand that false or misleading information given in my application or interveiw(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In the event of employment the employee agrees to submit to any and all drug tests at the discretion of the employer.

Signature of Applicant

Date

BELOW IS FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

INTERVIEWER INTERVIEW DATE
Employed Yes No START DATE
Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE

DATE

NOTES