

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, sexual orientation, or any other legal protected status.

(PLEASE PRINT)

Date of Application	Position Applied For
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Last Name	First Name	Middle Name	
Address: Number Street	City or Town	State	Zip
Telephone Numbers		Social Security Number	

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 current employer?

Yes No

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

Yes No

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

On what date would you be available for work? _____

Are you available for 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 the job requires it?

Yes No

Education

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

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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.

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

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

Additional Information

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications 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 the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

Name	Title		
Company or Organization			
Street Address	City	State	Zip Code
Phone Number (s)	Email		

Name	Title		
Company or Organization			
Street Address	City	State	Zip Code
Phone Number (s)	Email		

Name	Title		
Company or Organization			
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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.

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

REMARKS:

NOTES:
