

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 (PLEASE PRINT)

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Salary Desired	Date Available	

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under age 18 years of age, can you provide requires 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
If Yes, state name, relationship and location _____

Are you currently employed Yes No

May we contact your present employer? Yes No

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 ever been convicted of a crime? Yes No
If Yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed , and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your means of transportation to work? _____
Driver's license number _____ State of issue _____ Operator__ Commercial (CDL)__ Chauffeur__
Expiration date _____
Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How many? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION AND TRAINING

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				
Occupational License, Certificate or Registration		Number	Where Issued	Expiration Date

WORK EXPERIENCE Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer	Telephone Number () -	Dates Employed	
Address		From	To
Job Title	Supervisor		
Specific Duties (Maximum 350 characters)		Hourly Rate /Salary	
		Starting	Final
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	Dates Employed	
Address		From	To
Job Title	Supervisor		
Specific Duties (Maximum 350 characters)		Hourly Rate /Salary	
		Starting	Final
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	Dates Employed	
Address		From	To
Job Title	Supervisor		
Specific Duties (Maximum 350 characters)		Hourly Rate /Salary	
		Starting	Final
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	Dates Employed	
Address		From	To
Job Title	Supervisor		
Specific Duties (Maximum 350 characters)		Hourly Rate /Salary	
		Starting	Final
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

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

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

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:

Additional Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualification for the specific position for which you are applying.

Specialized Skills (Skills/Equipment Operated)

__Terminal	__Spreadsheet	Production/Mobile Machinery (list)	Other List
__PC/MAC	__Word Processing	_____	_____
__Typewriter	__Shorthand	_____	_____
WPM__	WPM__	_____	_____

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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the facility involved in such a job or occupation has been given.

Yes No

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

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

APPLICANT'S 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 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 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 _____

