

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.

(PLEASE PRINT)

Position Applied For				Date of Application	
How Did You Learn About Us?					
☐ Advertisement		☐ Friend		☐ Inquiry	
☐ Employment Agency		☐ Relative		☐ Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is:

____: ____ AM/PM

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 every been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, live on the property or 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

Within the last 7 years, have you been convicted of a crime other than a minor traffic offense? If Yes, explain _____

☐ Yes ☐ No

Note: A conviction will not necessarily disqualify you for employment. Rather, factors such as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.

Are you a convicted sex offender?

☐ Yes ☐ No

Are you legally eligible for employment in the United States?

☐ Yes ☐ No

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

Date available to work? ____/____/____

What is your desired salary range? _____

Are you available to work:

☐ Full Time

(Please indicate your hours available _____ - _____
from to

☐ Part Time

(Please indicate Mornings Afternoon Evenings)

☐ Temporary

(Please indicate dates available ____/____ - ____/____)

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

☐ Yes ☐ No

Can you travel if a job required it?

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

1B (03/09)

EDUCATION

School	Name and Address of School	Course of Study	No. Of 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
Address	FROM	TO	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact ☐ Yes ☐ No	

Employer	Dates Employed		Work Performed
Address	FROM	TO	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact ☐ Yes ☐ No	

Employer	Dates Employed		Work Performed
Address	FROM	TO	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact ☐ Yes ☐ No	

Employer	Dates Employed		Work Performed
Address	FROM	TO	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving		May We Contact ☐ Yes ☐ No	

Comments: Included 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 States 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

Other Qualifications Summarized special job-related skills and qualifications acquired from employment or other experience

SPECIALIZED SKILLS (Skills/Equipment Operated)

____ Terminal
____ PC/MAC
____ Typewriter
WPM ____

____ Spreadsheet
____ Word Processing
____ Shorthand
WPM ____

Production/Mobile
Machinery (list)

Other (list)

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

Note to Applicant: 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 activities 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.			

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorized investigation of all statements 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 waiting to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this 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 employment relationship may not be changed by any written document or by conduct unless such charges 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