

APPLICATION

FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date of Application
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 _____
Last Name	First Name	Middle Name
Address	Street	City
		State, Zip Code
County	Telephone Number	Social Security Number

Best time to contact you: _____ : _____ AM / PM Telephone number to call: _____

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, Date _____

Have you ever been employed with us before? Yes / No
If Yes, Date _____

Do any of your friends or relatives 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 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

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoons 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 requires it? Yes / No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE

Start with your present or last job, include any job-related military 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			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
	May we contact your employer?		Yes / No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
	May we contact your employer?		Yes / No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
	May we contact your employer?		Yes / No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
	May we contact your employer?		Yes / No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone			
Job Title	Hourly Rate/Salary		
Reason for Leaving	Starting	Final	
	May we contact your employer?		Yes / No

Comments: Include explanation of any gaps in employment

EDUCATION

School	Name and Address of School	Course of Study	No. of Years to Complete	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

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

ADDITIONAL INFORMATION**Other Qualifications**

Summarize any special skills and/or qualifications you have that will help you in your job

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 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	Relationship	Phone Number	Best Time to Call
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 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