



# 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(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

- Advertisement     Employment Agency
- Relative     Friend Inquiry
- Other (please indicate) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_  AM or  PM

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No

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:
- |                                    |                                     |                                    |
|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time  | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> shift 1   | <input type="checkbox"/> Mornings   |                                    |
| <input type="checkbox"/> shift 2   | <input type="checkbox"/> Afternoons |                                    |
| <input type="checkbox"/> shift 3   | <input type="checkbox"/> Evenings   |                                    |

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 five years?  Yes  No

A criminal record does not constitute an automatic bar to employment and will be considered only as it remains to the job in question.

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: \_\_\_\_\_

Describe any job-related training received in the United States Military: \_\_\_\_\_

### Employment Experience:

1. Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Hourly Rate/Salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## 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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you are applying? A review of the activities involved in such a job or occupation has been given.  Yes  No

## References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## 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 the 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