



# 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 (S) APPLIED FOR  | DATE OF APPLICATION |
| HOW DID YOU LEARN ABOUT US?<br><input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> INQUIRY <input type="checkbox"/> OTHER _____<br><input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> WEB SITE |                     |

|                              |            |             |
|------------------------------|------------|-------------|
| LAST NAME                    | FIRST NAME | MIDDLE NAME |
| ADDRESS                      | STREET     | CITY        |
| TELEPHONE NUMBR/ CELL NUMBER |            | STATE       |
|                              |            | ZIP CODE    |

|   |  |
|---|--|
| BEST TIME TO CONTACT YOU?   | _____<br><small>AM<br/>PM</small>  |
| IF YOU ARE 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| HAVE YOU EVER FILED AN APPLICATION WITH US, OR HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?<br>IF YES, GIVE DATE:                  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE?<br>IF YES, STATE NAME, AND RELATIONSHIP.                       | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES MAY WE CONTACT YOUR PRESENT EMPLOYER? | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| HOW MANY YEARS OF EXPERIENCE DO YOU HAVE FOR THE POSITION YOU ARE APPLYING FOR.   |  |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?                          | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| <i>Proof of citizenship or immigration status will be required upon employment.</i>   |  |
| DATE AVAILABLE FOR WORK ____ / ____ / ____  | WHAT IS YOUR DESIRED SALARY RANGE? _____   |
| ARE YOU AVAILABLE TO WORK:  | <input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME (Please indicate mornings Afternoon Evening)<br><input type="checkbox"/> TEMPORARY (Please indicate dates available) ____ / ____ / ____ |
| ARE YOU CURRENTLY ON " LAY-OFF" STATUS AND SUBJECT TO RECALL?   | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| DO YOU HAVE A CDL LICENSE?  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
| <b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>   |  |

## EDUCATION

| SCHOOL                 | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | 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.

|                                    |                            |       |  |
|------------------------------------|----------------------------|-------|--|
| <b>EMPLOYER</b>                    | <b>DATES EMPLOYED</b>      |       | <b>WORK PERFORMED</b>                                    |
|                                    | FROM                       | TO    |  |
| <b>ADDRESS</b>                     |                            |       |  |
| <b>TELEPHONE NUMBER(S)</b>         | <b>HOURS RATES/ SALARY</b> |       |  |
| <b>STARTING/ PRESENT JOB TITLE</b> | STARTING                   | FINAL |  |
| <b>SUPERVISOR</b>                  |                            |       |  |
| <b>REASON FOR LEAVING</b>          | <b>MAY WE CONTACT?</b>     |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>EMPLOYER</b>                    | <b>DATES EMPLOYED</b>      |       | <b>WORK PERFORMED</b>                                    |
|                                    | FROM                       | TO    |  |
| <b>ADDRESS</b>                     |                            |       |  |
| <b>TELEPHONE NUMBER(S)</b>         | <b>HOURS RATES/ SALARY</b> |       |  |
| <b>STARTING/ PRESENT JOB TITLE</b> | STARTING                   | FINAL |  |
| <b>SUPERVISOR</b>                  |                            |       |  |
| <b>REASON FOR LEAVING</b>          | <b>MAY WE CONTACT?</b>     |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>EMPLOYER</b>                    | <b>DATES EMPLOYED</b>      |       | <b>WORK PERFORMED</b>                                    |
|                                    | FROM                       | TO    |  |
| <b>ADDRESS</b>                     |                            |       |  |
| <b>TELEPHONE NUMBER(S)</b>         | <b>HOURS RATES/ SALARY</b> |       |  |
| <b>STARTING/ PRESENT JOB TITLE</b> | STARTING                   | FINAL |  |
| <b>SUPERVISOR</b>                  |                            |       |  |
| <b>REASON FOR LEAVING</b>          | <b>MAY WE CONTACT?</b>     |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>EMPLOYER</b>                    | <b>DATES EMPLOYED</b>      |       | <b>WORK PERFORMED</b>                                    |
|                                    | FROM                       | TO    |  |
| <b>ADDRESS</b>                     |                            |       |  |
| <b>TELEPHONE NUMBER(S)</b>         | <b>HOURS RATES/ SALARY</b> |       |  |
| <b>STARTING/ PRESENT JOB TITLE</b> | STARTING                   | FINAL |  |
| <b>SUPERVISOR</b>                  |                            |       |  |
| <b>REASON FOR LEAVING</b>          | <b>MAY WE CONTACT?</b>     |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT.

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**DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA- CURRICULAR ACTIVITIES.**

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**DESCRIBE ANY JOB- RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.**

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**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*

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**ADDITIONAL INFORMATION**

**OTHER QUALIFICATIONS** *Summarize special job- related skills and qualifications acquired from employment or other experience*

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**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 | PHONE NUMBER | BEST TIME TO CALL | OCCUPATION |
|------|--------------|-------------------|------------|
| 1.   |              |                   |            |
| 2.   |              |                   |            |
| 3.   |              |                   |            |

**APPLICANT'S STATEMENT**

I certify that answer 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 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 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 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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date