

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?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Best time to contact you at home is : _____ A.M. P.M.

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO N/A

Have you ever filed an application with us before? YES NO

If yes, please provide date: _____

Have you ever been employed with us before? YES NO

If yes, please provide date: _____

Do any of your friends or relatives, other than your 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?
Proof of citizenship or immigration status will be required upon employment. YES NO

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

- Are you available to work:
- Full-Time
 - 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

EDUCATION	Name and Address of School	Course of Study	Years Completed	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.

EMPLOYMENT 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.*

1 Employer: _____ Address: _____
Phone Number: _____ Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ — _____ Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

2 Employer: _____ Address: _____
Phone Number: _____ Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ — _____ Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

3 Employer: _____ Address: _____
Phone Number: _____ Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ — _____ Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

4 Employer: _____ Address: _____
Phone Number: _____ Job Title: _____ Supervisor: _____
Reason for Leaving: _____
Dates Employed: _____ — _____ Hourly Rate/Salary: Starting: _____ Final: _____
Work Performed: _____

If you need additional space, please continue on a separate sheet of paper.

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:

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 have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

REFERENCES

1) Name: _____ Phone: (____) _____

Address: _____

2) Name: _____ Phone: (____) _____

Address: _____

3) 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 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 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks:

Interviewer

Date

Employed: Yes No

Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____

By: _____

Name and Title

Date