



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

How did you learn about us?

Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative
 Other

If other: _____

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

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

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

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

Have you ever filed an application with us before? Yes No

If Yes, please provide a date: _____

Have you ever been employed with us before? Yes No

If Yes, please provide a date: _____

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.

On what date would you be available for work? _____

Are you available to work:
 Full Time
 Part Time
 Shift Work
 Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a valid driver's license? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EDUCATION	High School	College/University	Graduate/Professional
School Name			
Years Completed			
Diploma/Degree			
Course of Study			

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

State any additional information you may feel helpful to us in considering your application: _____

Please indicate any foreign languages you may speak, read and/or write:

Check all that apply

_____ Speak Read Write | Fluent Good Fair
_____ Speak Read Write | Fluent Good Fair
_____ Speak Read Write | Fluent Good Fair

REFERENCES

Please list the names, addresses and phone numbers of three (3) references who are not related to you and are not your previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

Are you physically or otherwise unable to perform the job for which you are applying? Yes No

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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 acknowledge that any employment relationship with this company 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 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 the company.

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: _____

Employed: Yes No _____

Date of Employment: _____ Hourly Rate/Salary: _____ Department: _____

Filled out by: _____ Date: _____

Notes: _____

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, handicap or other protected status.

1. Employer Name: _____ Address: _____
Phone: _____ Date Employed: FROM ___/___/___ - TO ___/___/___
Job Title: _____ Supervisor: _____ Hourly Rate/Salary: STARTING _____ FINAL _____
Work Performed: _____

Reason for leaving: _____

2. Employer Name: _____ Address: _____
Phone: _____ Date Employed: FROM ___/___/___ - TO ___/___/___
Job Title: _____ Supervisor: _____ Hourly Rate/Salary: STARTING _____ FINAL _____
Work Performed: _____

Reason for leaving: _____

3. Employer Name: _____ Address: _____
Phone: _____ Date Employed: FROM ___/___/___ - TO ___/___/___
Job Title: _____ Supervisor: _____ Hourly Rate/Salary: STARTING _____ FINAL _____
Work Performed: _____

Reason for leaving: _____

4. Employer Name: _____ Address: _____
Phone: _____ Date Employed: FROM ___/___/___ - TO ___/___/___
Job Title: _____ Supervisor: _____ Hourly Rate/Salary: STARTING _____ FINAL _____
Work Performed: _____

Reason for leaving: _____

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

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

