

Application for Employment



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

(Please Print)

Position(s) Applied For:

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)	Email Address:	Social Security Number (Voluntary)	

Best time to contact you is: _____ AM/PM

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, provide date: _____

Have you ever been employed with us before? ___ Yes ___ No
If Yes, provide date: _____

Do any of your friends or relatives work here? ___ Yes ___ No
If Yes, state name and relationship: _____

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 wage range? _____ to _____

Are you available to work:

___ Full Time ___ Part Time ___ Mornings ___ Afternoons ___ Evenings

___ Weekends ___ Temporary (Please indicate dates available (___ aa - ___ aaaa))

Are you currently on layoff status and subject to recall? ___ Yes ___ No

Can you travel if the job requires it? ___ Yes ___ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

Employer:	Dates Employed		Work Performed	
	From	To		
Address:				
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:			Work Performed	
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:				Work Performed
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		
Address:			Work Performed	
Telephone Number(s):				
Starting/Present Job Title:	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	May we contact? __ Yes**** __No			
Employer:	Dates Employed			
	From	To		

Comments: Include explanation of any gaps in employment.

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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SPECIALIZED SKILLS *(Skills/Licenses/Certifications)*

<input type="checkbox"/> Terminal	<input type="checkbox"/> Excel	Licenses	Certifications
<input type="checkbox"/> PC	<input type="checkbox"/> MS Word		
<input type="checkbox"/> MAC	<input type="checkbox"/> Accounting Software		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		

State any additional information you feel may be helpful to us in considering your application.

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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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? 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

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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.

I hereby understand and acknowledge that, I must be able to pass a comprehensive 10 year background investigation and submit to finger printing.

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.

<hr/> Signature of Applicant	<hr/> Date
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