

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
	<input type="text"/>

How Did You Learn About Us

Your e-mail address:

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

Best time to contact you at home is:.....

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....

Have you ever filed an application with us before?.....

 If Yes, give date

Have you ever been employed with us before?.....

 If Yes, give date

Do any of your friends or relatives, other than spouse, work here?.....

Are you currently employed?.....

May we contact your present employer?.....

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

Date available for work What is your desired salary range

Are you available to work: Full-Time (please indicate 1 2 3 shift)

 Part-Time (please indicate Mornings Afternoon Evenings)

 Temporary (please indicate dates available)

Are you currently on "lay off" status and subject to recall.....

Can you travel if a job requires it.....

Have you been convicted of a felony within the last five years.....

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address School	of	Course of Study	Number of Years Completed	Diploma Degree
Elementary	School				
High	School				
Undergraduate	College				
Graduate	Professional				
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

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	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

- | | | |
|------------------------------------|-----------------------------------|-------|
| <input type="checkbox"/> Word | <input type="checkbox"/> CNA | OTHER |
| <input type="checkbox"/> Excel | | |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> CDL | |
| <input type="checkbox"/> MAS 90 | | |
| <input type="checkbox"/> MAC | <input type="checkbox"/> FORKLIFT | |

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.

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

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 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 change 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

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE