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 legally protected status.

(PLEASE PRINT)

Position Applied For:		**Date:**
How did you learn about us?		
Advertisement	**Friend**	**Walk-in**
Employment Agency	**Relative**	**Other**

Last name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)			

Have you ever filed an application with us before? Yes__ No__
If yes, give date_____

Have you ever been employed with us before? Yes__ No __
If yes, give 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 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 __

Can you travel if a job requires it? Yes __ No __

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

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and /or write			
	FLUENT	**GOOD**	**FAIR**
SPEAK			
READ			
WRITE			

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 that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer	Dates Employed: From To	Work Performed
Telephone Number(s)		
Job Title	Hourly rate / salary: Starting_____ Final _____	
Supervisor		
Reason for Leaving		
2. Employer	Dates Employed: From To	Work Performed
Telephone Number(s)		
Job Title	Hourly rate / salary: Starting_____ Final _____	
Supervisor		
Reason for Leaving		
3. Employer	Dates Employed: From To	Work Performed
Telephone Number(s)		
Job Title	Hourly rate / salary: Starting_____ Final _____	
Supervisor		
Reason for Leaving		

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

ADDITIONAL INFORMATION

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:**
Other qualifications. **Summarize special job-related skills and qualifications acquired from employment or other experience:**
Specialized skills: Check skills / equipment operated below (or write in details)
PC: List software:
Calculator: FAX:
Production / Mobile Machinery (list):
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 description of the activities involved in such a job or occupation is attached. **___YES __NO**

REFERENCES (No employers or relatives) (Please list Business and Professional)

1._____**( )**_____ **(Name) (Phone)** _____ **(Address)**
2._____**( )**_____ **(Name) (Phone)** _____ **(Address)**
3._____**( )**_____ **(Name) (Phone)** _____ **(Address)**

THANK YOU FOR YOUR APLICATION

APPLICANT'S STATEMENT

I certify that the 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 6 months. 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 other wise 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 the 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 a 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: _____
Notes
_____
_____
_____
_____
_____
_____