

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, sexual orientation, or any other legally protected status.

(Please Print)

| | | | | | | | | | |
|---|--|--------|------------|--------|--|------------------------|--|-------|----------|
| Position(s) Applied For | | | | | | Date of Application | | | |
| How Did You Learn About Us? | | | | | | | | | |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other | | | | | | | | | |
| Last Name | | | First Name | | | Middle Name | | | |
| Address | | Number | | Street | | City | | State | Zip Code |
| Telephone Number(s) | | | | | | Social Security Number | | | |
| | | | | | | | | | |

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, 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? (Proof of citizenship or immigration status will be required upon employment) Yes No

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 within the last 7 years? Yes No

(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain _____

| Indicate any foreign languages you can speak, read and/or write | | | | |
|---|-------|--------|------|------|
| | | Fluent | Good | Fair |
| | Speak | | | |
| | Read | | | |
| | Write | | | |

We are an Equal Opportunity Employer!

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

Describe any job related training received in the United States Military

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| |

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"/> CRT | <input type="checkbox"/> MS Office | Production / Mobile | |
| <input type="checkbox"/> Fax | <input type="checkbox"/> MS Outlook | Machinery (list): | Other (list |
| <input type="checkbox"/> PC | <input type="checkbox"/> MS Word | _____ | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> MS Access | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> MS Excell | _____ | _____ |
| <input type="checkbox"/> Lotus 1-2-3 | <input type="checkbox"/> MS Powerpoint | _____ | _____ |

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 or which you have applied? Yes No

References

| | | |
|----|---------|-------------|
| 1. | Name | Phone # () |
| | Address | |
| 2. | Name | Phone # () |
| | Address | |
| 3. | Name | Phone # () |
| | Address | |
| 4. | Name | Phone # () |
| | Address | |

Applicant's 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 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 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

Notes:

