

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

Please Print

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

Advertisement Relative Inquiry Employment Agency Friend

Other _____

Last Name _____ First Name _____ Middle Name _____

Address (Number Street City State Zip Code) _____

Social Security Number _____

Number Telephone Number(s) _____

Best time to contact you is _____

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 _____

Do any of your friends or relatives, other than spouse, work here? Yes No

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.

Date available for work _____ What is your desired salary range? _____

Are you available to work: Full-Time Shift: 1st Shift 2nd Shift 3rd Shift

Part-Time Shift: Morning Afternoon Evening

Temporary Dates Available: _____

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

Can you travel if a job requires it? Yes No

We are an equal opportunity employer.

EDUCATION

	School Name/Address	Courses of Study	Years Completed	Diploma Degree
High School				
Undergraduate School				
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.

Employer	Dates Employed	Work Performed
_____	_____ to _____	_____
Address	Hourly Rate/Salary	_____
_____	Start: _____ Final: _____	_____
Telephone Number(s)	Job Title	Supervisor
_____	_____	_____
Reason for Leaving _____		

Employer	Dates Employed	Work Performed
_____	_____ to _____	_____
Address	Hourly Rate/Salary	_____
_____	Start: _____ Final: _____	_____
Telephone Number(s)	Job Title	Supervisor
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_____	_____	_____
Reason for Leaving _____		

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

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.

Other Qualifications

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

Specialized Skills

Check skills/equipment operated

- Terminal Spreadsheet PC/MAC Word Processing Spreadsheet PC MAC
 Typewriter WPM _____ Shorthand WPM _____

Production/Mobile Machinery (list)

Other (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 review of the activities involved in such a job or occupation has been given.

Yes No

REFERENCES

Name

Phone Number

Address

Name

Phone Number

Address

Name

Phone Number

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 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

Position(s) applied for is open Yes No

Position(s) considered for _____

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title	Hourly Rate/Salary	Department
_____	_____	_____

By _____