

Application For Employment



NAME _____

POSITION _____

DATE _____

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
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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)		

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? Yes No
Proof of citizenship or immigration status 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 within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

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.

Specialized Skills **Check Skills/Equipment Operated**

- | | | | |
|---|---|-------------------|---------------|
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Fax | Machinery (list): | Other (list): |
| <input type="checkbox"/> Windows Operating System | <input type="checkbox"/> Internet | _____ | _____ |
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Word | _____ | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Typewriter (speed _____) | | | |

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

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

References

1.	()
(Name)	Phone #
(Address)	
2.	()
(Name)	Phone #
(Address)	
3.	()
(Name)	Phone #
(Address)	

NAME

POSITION

DATE

Applicant's Statement

I certify that answers given therein 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 DEPARTMENT 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 _____

