

APPLICATION FOR EMPLOYMENT



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

(PLEASE PRINT)

Position(s) Applied For: _____

Date of Application: _____

How did you hear about us? Advertisement Relative Inquiry

Employment Agency Friend Other: _____

Name (Last, First, Middle): _____

Address (Street, City, State, and Zip Code): _____

Telephone Numbers: _____ SSN (optional): _____

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? .. Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you even 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

Date available to work: _____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Mornings Afternoon Evenings)
 Temporary (Indicate when available: _____)

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job – related military service assignments and volunteer activities.

Employer: _____	Date Employed From: _____
Address: _____	Date Employed To: _____
Telephone number(s): _____	Hourly Rate (Start): _____
Job Title: _____ Supervisor: _____	Hourly Rate (End): _____
Worked Performed: _____	
Reason for Leaving: _____	
Employer: _____	Date Employed From: _____
Address: _____	Date Employed To: _____
Telephone number(s): _____	Hourly Rate (Start): _____
Job Title: _____ Supervisor: _____	Hourly Rate (End): _____
Worked Performed: _____	
Reason for Leaving: _____	
Employer: _____	Date Employed From: _____
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Address: _____	Date Employed To: _____
Telephone number(s): _____	Hourly Rate (Start): _____
Job Title: _____ Supervisor: _____	Hourly Rate (End): _____
Worked Performed: _____	
Reason for Leaving: _____	

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

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma or 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:

List any certifications that you have, such as Certified Medical Assistant, Certified Professional Coder, First Aid / CPR, etc., along with expiration date.

ADDITIONAL EXPERIENCE

Other Qualifications: Summarize special job – related skills and qualifications acquired from employment or other experience and any additional information that you feel may be helpful to us in considering your application.

SPECIALIZED SKILLS (CHECK SKILLS / EQUIPMENT OPERATED)

		Production / Mobile	Other
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Machinery (list)	(list)
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	_____	_____
	_____ WPM	_____	_____
		_____	_____
		_____	_____

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? YES NO

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 no 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 or the employer.

Signature of Applicant

Date

