



## 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 other legally protected status.

**(PLEASE PRINT AND ANSWER APPLICATION COMPLETELY)**

### Contact Information

Position Applied For:		Date of Application:	
How did you learn about us?			
First Name:	Middle Initial:	Last Name:	
Address:	City:	State:	Zip Code:
Telephone Number:		Cell Phone Number:	
Other names used in connection to employment or education:			AM PM
			Best time to contact you at home is:

### Additional Information

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please provide us with an approximate date: _____			
Have you ever been interviewed for a position here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, who did you have an interview with? _____			
Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please list their name and relationship to you: _____			
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be require upon employment.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if the job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or are currently be charged with a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain: _____			
Date available for work: ___ / ___ / ___	What is your desired hourly pay range? _____		
Are you available to work:	<input type="checkbox"/> Full Time (Please indicate: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Shift) <input type="checkbox"/> Part Time (Please indicate: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening ) <input type="checkbox"/> Temporary (Please indicate dates available ___ / ___ - ___ / ___ )		
<b>WE ARE AN EQUAL OPPORTUNITY EMPLOYER</b>			

**Education**

	Name and City/State of School	Course of Study	Years Completed	Diploma / Degree
High School				
College/ University				
Other (Specify)				

**Work 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, disability or other protected status.

Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Phone Number:	<b>Hourly Rate/Salary</b>		
Job Title:	<b>Starting</b>	<b>Final</b>	
Supervisor:			
Reason For Leaving:			
Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Phone Number:	<b>Hourly Rate/Salary</b>		
Job Title:	<b>Starting</b>	<b>Final</b>	
Supervisor:			
Reason For Leaving:			
Employer:	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address:			
Phone Number:	<b>Hourly Rate/Salary</b>		
Job Title:	<b>Starting</b>	<b>Final</b>	
Supervisor:			
Reason For Leaving:			

**Comments: Include explanation of any gaps in employment.**


**In the most recent 2 years of employment, how many days have you been absent? \_\_\_\_\_ Late? \_\_\_\_\_**

**Describe any specialized training, apprenticeship, skills, licenses, certifications (Career Readiness) or extra-curricular activities.**


**Describe any job related training received in the United States military.**


**List any 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**

_____ PC /MAC	_____ Word Processing	Production / Mobile Machinery (list)	Other (list)
_____ Typewriter	_____ Spreadsheet	_____	_____
_____ WPM	_____	_____	_____
Software Packages: _____	_____	_____	_____
_____	_____	_____	_____

*Please state any additional information you feel may be helpful to us in considering your application*


**Personal / Professional References** *Please do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**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 essential functions involved in the job or occupation for which you have applied?

Yes     No

**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 an 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 this 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