



Application For Employment

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

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
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

How Did You Learn About Us?

Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative
 Other _____

Last Name	First Name	Middle Name
<div style="border: 1px solid black; height: 20px;"></div>		

Address	Number	Street	City	State	Zip Code
<div style="border: 1px solid black; height: 20px;"></div>					

Telephone Number(s)	Social Security Number
<div style="border: 1px solid black; height: 20px;"></div>	

E-mail Address

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
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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? Yes No

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 protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

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.

Special Skills Check Skills/Equipment Operated

<input type="checkbox"/> Excel	<input type="checkbox"/> CDL	Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Office	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Networking	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> License endorsements	_____	_____

State any additional information you feel may be helpful to us in considering your application.

References

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone #

(Address)

FOR DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____