APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

POSITION APPLIED FOR: _____ **DATE OF APPLICATION:** _____

HOW DID YOU LEARN ABOUT US? **NEWSPAPER** ☐ **WEBSITE** ☐ **FRIEND** ☐ **WALK-IN** ☐ **OTHER** ☐

(LAST NAME) *(FIRST NAME)* *(MIDDLE INITIAL)*

ADDRESS: *(NUMBER)* *(STREET)* *(CITY)* *(STATE)* *(ZIP CODE)*

TELEPHONE NUMBER: _____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? ☐ **YES** ☐ **NO**

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? ☐ **YES** ☐ **NO**

ARE YOU CURRENTLY EMPLOYED? ☐ **YES** ☐ **NO** **IF YES, GIVE DATE:** _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT) ☐ **YES** ☐ **NO**

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: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	HIGH SCHOOL	UNDERGRAD COLLEGE	GRADUATE/PROFESSIONAL
SCHOOL NAME AND LOCATION:			
YEARS COMPLETED			
DIPLOMA/DEGREE			
DESCRIBE COURSE OF STUDY			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES			
DESCRIBE ANY HONORS YOU HAVE RECEIVED			
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION			

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND OR WRITE:

	FLUENT	*GOOD*	*FAIR*
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

_____

_____

_____

HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? ☐ **YES** ☐ **NO**

IF YES, PLEASE DESCRIBE: _____

_____

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

☐ **YES** ☐ **NO**

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, handicap or other protected status.

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	DATES EMPLOYED		WORKED PERFORMED:
Employer	FROM	TO	
Street Address	HOURLY RATE/SALARY		
	STARTING	FINAL	
City, State, Zip			

Telephone Number _____ *Job Title* _____ *Supervisor* _____

ARE YOU CURRENTLY EMPLOYED? ☐ **YES** ☐ **NO** **MAY WE CONTACT YOUR PRESENT EMPLOYER?** ☐ **YES** ☐ **NO**

REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT? _____

2

	DATES EMPLOYED		WORKED PERFORMED:
Employer	FROM	TO	
Street Address	HOURLY RATE/SALARY		
	STARTING	FINAL	
City, State, Zip			

Telephone Number _____ *Job Title* _____ *Supervisor* _____

REASON FOR LEAVING: _____

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	DATES EMPLOYED		WORKED PERFORMED:
Employer	FROM	TO	
Street Address	HOURLY RATE/SALARY		
	STARTING	FINAL	
City, State, Zip			

Telephone Number _____ *Job Title* _____ *Supervisor* _____

REASON FOR LEAVING: _____

SPECIAL SKILLS AND QUALIFICATIONS

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

REFERENCES

1

NAME *TELEPHONE NUMBER*

ADDRESS

2

NAME *TELEPHONE NUMBER*

ADDRESS

3

NAME *TELEPHONE NUMBER*

ADDRESS

APPLICANT'S STATEMENT

I certify that answers given herein 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 the 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

NOTES: