



# 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 non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Allied for:		Date of Application:
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)		Social Security Number:
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<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, give date:		_____
Have you ever been employed with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date:		_____
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <small>Proof of citizenship or immigration status will be required upon employment</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date are you available to work?		_____
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Are you currently on "lay-off status and subject to recall?"		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <small>Conviction will not necessarily disqualify an applicant from employment</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, Please explain: \_\_\_\_\_

**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. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other 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				
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.

## Special Skills and Qualifications

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

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# Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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 Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements.

## VOLUNTARY SURVEY

(Print Name)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

	<b>Complete Only the Section Below That Has Been Checked</b>
	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birth Date

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>	
Position (s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position (s) Considered For:	_____
	_____
	Date _____