

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

<i>Position Applied For</i>	<i>Date of Application</i>	
_____	_____	
How Did You Learn About Us?		
_____Advertisement	_____Relative	_____Inquiry
_____Employment Agency	_____Friend	_____Other _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>		
_____	_____	_____		
<i>Address Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	_____
<i>Telephone Number</i>	<i>Social Security Number (Voluntary)</i>			
_____	_____			

Best time to contact you at home is: _____AM PM

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 _____

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

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

Date available for work ____/____/____ What is your desired salary? _____

Are you available to work: ____ Full-Time (Please indicate 1 2 3 shift)

 ____ Part-Time (Please indicate Mornings Afternoon Evenings)

 ____ Temporary (Please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ____Yes ____No

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. You may exclude organizations which indicate race, color, religion, creed, gender, national origin, disabilities or other protected status.

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

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

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

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

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 organizations which indicate race, color, religion, creed, gender, national origin, disabilities or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

____ Terminal	____ Spreadsheet	Production/Mobile	Other (List)
____ PC/MAC	____ Word Processing	Machinery (List)	_____
____ Typewriter	____ Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____
		_____	_____

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

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

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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 my 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 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

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____ Job Title _____

Hourly Rate/Salary _____ Department _____

By _____ Date _____

Name and Title