



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied For: _____ (Please Print) _____ Date of Application _____

How Did You Learn About Us?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other

Last Name (Please Print)		First Name	Middle Name	
Address	Street	City	State	Zip
Phone Number(s)		E-Mail		

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If yes, give date: _____ ☐ Yes ☐ No

Have you ever been employed with us before? If yes, give date: _____ ☐ Yes ☐ No

Do any of your friends or relatives work here? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work: _____ What is your desired salary range? _____

Are you available for work: ☐ Full Time ☐ Part Time ☐ Temporary
Please indicate (1 2 3 shift) _____
Please indicate (Mornings Afternoon Evenings) _____
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

EDUCATION				
School	Name/ Address	Course of Study	Years Completed	Diploma / Degree
Elementary				<input type="checkbox"/> Yes
High School				<input type="checkbox"/> Yes
Undergraduate College				<input type="checkbox"/> Yes
Graduate / Professional				<input type="checkbox"/> Yes
Other (Specify)				<input type="checkbox"/> Yes

EMPLOYMENT EXPERIENCE		
Start with your present or last job. Include any job-related military service assignments and volunteer activities.		
Employer	Dates Employed: From To	
Address	Describe your duties, responsibilities, equipment operated, etc.	
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates Employed: From To	
Address	Describe your duties, responsibilities, equipment operated, etc.	
Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		
Employer	Dates Employed: From To	
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Employer	Dates Employed: From To	
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Telephone Number(s)		
Job Title		
Supervisor		
Reason for Leaving		

May we contact your present employer? ☐ Yes ☐ No

Comments:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

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 & qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

PC/MAC

Keyboarding

Spreadsheet

Word Processing

Microsoft Office

Production/Mobile

Machinery & Other (list)

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 when necessary?

☐ Yes

☐ No

REFERENCES: Must have known for at least one year (not a relative).

Name

Phone Number

1.

2.

3.

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 applicants 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.

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