



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
Advertisement	Friend	Inquiry	Employment Agency	Relative	Other _____
Last Name		First Name		Middle Name	
Date of Birth					
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address		Social Security Number

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ PM

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, other than spouse, work here? Yes No

If yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \_\_\_\_\_

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

Part Time (Please indicate Mornings Afternoons 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

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate college				
Graduate/Professional				
Other(specify)				

## ADDITIONAL INFORMATION

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.**

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? A review of the activities involved in such a job or occupation has been given. Yes No

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No

  

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No

  

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? Yes No

**PERSONAL/PROFESSIONAL REFERENCES**

**Do not include family members or past supervisors.**

Name	Phone Number	Best Time to Call	Occupation
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 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 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