



APPLICATION FOR EMPLOYMENT

We consider applications 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.

(Please Print)

Position(s) Applied For			Date of Application		
How did you hear about us?	Advertisement	Relative	Inquiry		
	Employment Agency	Friend	Other _____		
Last Name		First Name		Middle Name	
Street Address			City	State	Zip
Telephone Number		Email Address		Date of Birth (Voluntary)	

Best time to contact you at home _____		
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
If Yes, may we contact your present employer? Yes No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
<i>Proof of citizenship or immigration status will be required under employment</i>		
Date Available to Start: _____	Desired Salary Range _____	
Are you available to work:	Full-Time (please indicate 1st 2nd 3rd shift)	
	Part-Time (please indicate Mornings Afternoon Evenings)	
	Temporary (please indicate dates available: _____ to _____)	
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

EDUCATION

High School					
Address		City		State	ZIP
From	To	Did you graduate?	Yes	No	Degree
College					
Address		City		State	ZIP
From	To	Did you graduate?	Yes	No	Degree
Other					
Address		City		State	ZIP
From	To	Did you graduate?	Yes	No	Degree

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

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

EMPLOYMENT HISTORY

Company			From	To
Address		City	State	ZIP
Supervisor	Phone #	May we contact?	Yes	No
Responsibilities				

Company			From	To
Address		City	State	ZIP
Supervisor	Phone #	May we contact?	Yes	No
Responsibilities				

Company			From	To
Address		City	State	ZIP
Supervisor	Phone #	May we contact?	Yes	No
Responsibilities				

Company			From	To
Address		City	State	ZIP
Supervisor	Phone #	May we contact?	Yes	No
Responsibilities				

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 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 and qualifications acquired from employment or other experience.

REFERENCES

1. Name	Phone #		
Address	City	State	ZIP
2. Name	Phone #		
Address	City	State	ZIP
3. Name	Phone #		
Address	City	State	ZIP

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 function of the job for which you are applying, either with or without a reasonable accommodations:

Yes

No

APPLICANT'S STATEMENT

I certify that the 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 an 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