

# APPLICATION FOR EMPLOYMENT

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**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status, veteran status, or the presence of a non-job related medical condition or handicap.**

**(PLEASE PRINT)**

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Internet Advertisement
<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 (voluntary)	

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

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 and relationship \_\_\_\_\_

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?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

Have you been convicted of a felony within the last 7 years?  Yes  No  
If yes, explain \_\_\_\_\_

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

Are you available to work:  Full Time  Part Time

Can you travel if a job requires it?  Yes  No

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

<b>EDUCATION</b>			
School	Name of School	Years Completed	Diploma/Degree
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

**WORK 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, disabilities or other protected status.

Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                      Final		
Reason for Leaving			
Supervisor	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                      Final		
Reason for Leaving			
Supervisor	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed From                      To		Work Performed
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary Starting                      Final		
Reason for Leaving			
Supervisor	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**

<b>Describe any specialized training, apprenticeships, skills and extra-curricular activities.</b>
<b>Describe any job-related training received in the United States military.</b>
<b>Additional Information:</b> List any other qualifications: <i>Summarize special job-related skills acquired from employment or other experience.</i>

<b>PERSONAL / PROFESSIONAL REFERENCES</b>			
Do not include family members or past supervisors			
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			

<p><b>PERSONAL INFORMATION</b></p> <p>This section may be filled out at the discretion of the applicant. It is not mandatory for the applicant to complete this section.</p> <p>Date of Birth: ____ / ____ / ____</p> <p>Marital Status: <input type="checkbox"/> Married      <input type="checkbox"/> Single</p> <p>Emergency Contact and Phone Number: _____</p>
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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 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 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.

I further understand that this organization is a drug free workplace and I will be required to take a pre-employment drug test. I will also agree to be drug tested at the request of my employer at no cost to me at any time and/ or in case of an accident on site.

I agree by signing below that I have read the above statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Notes: