

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

Last Name	First Name	Middle Name
Address	City	State Zip
Home Phone	Mobile Phone	Social Security Number

Position(s) Applied For	Date of Application
Date You Can Start	Desired Salary/Hourly Rate
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time : (Please Circle availability) Mornings Afternoons Evenings	

Best Time to Contact you by phone is:	____:____ am/pm
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before? If yes, give date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed with us before? If yes, give date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of your friends or relatives, other than spouse, work here? If yes, state name(s) and relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally eligible to work in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a crime other than minor traffic offense? If yes, please provide details (dates and locations for convictions): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Education

School	Name & Address of School	Course of Study	Years Completed	Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience

Start with you 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		Work Performed
Address	From	To	
Telephone Numbers			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which are you applying:

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

Professional References *Do not include family members.*

Name	Phone Number	Best time to call	Occupation
1.			
2.			
3.			

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 accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in which a job or occupation has been given. ___Yes ___No

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 60 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 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 by all rules and regulations of the employer.

Signature of Applicant

Date of Application

