

# APPLICATION FOR EMPLOYMENT

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(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"/> Walk-in
<input type="checkbox"/> Employment Agency	<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	

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 \_\_\_\_\_

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.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# EMPLOYMENT EXPERIENCE

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

<b>Employer</b>	<b>Dates Employed</b> From   To	<b>Work Performed</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting   Final	
<b>Job Title</b> <b>Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Dates Employed</b> From   To	<b>Work Performed</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting   Final	
<b>Job Title</b> <b>Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Dates Employed</b> From   To	<b>Work Performed</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting   Final	
<b>Job Title</b> <b>Supervisor</b>		
<b>Reason for Leaving</b>		
<b>Employer</b>	<b>Dates Employed</b> From   To	<b>Work Performed</b>
<b>Address</b>		
<b>Telephone Number(s)</b>	<b>Hourly Rate/Salary</b> Starting   Final	
<b>Job Title</b> <b>Supervisor</b>		
<b>Reason for Leaving</b>		

**If you need additional space, please continue on a separate sheet of paper.**

## Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

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. 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

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## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview [ ] Yes [ ] No

Remarks \_\_\_\_\_

Employed [ ] Yes [ ] No

Date of Employment \_\_\_\_\_

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/  
Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name & Title

Date

## NOTES

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