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

Application for Employment



(PLEASE PRINT) Positions Applied for: Date of Application: How did you learn about us? _Advertisement Friend _Walk-In Employment Agency Relative _Other_ Last Name First Name Middle Name Street Address City State Zip Code Telephone Number(s) Social Security Number Driver's License number (If applicable to position for which you are applying) If you are under 18 years of age, can you provide required ____Yes ___No proof of your eligibility to work? Have you ever filed an application with us before? ____Yes ___No If yes, give date ___Yes ___No Have you ever been employed with us before? If yes, give date Because of Federal & State laws that we work with, we need to know if you have been convicted of theft or a felony of any kind. 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 Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. __Yes No On what date would you be available for work? _Full Time ____Part Time ___Shift Work ___Temporary Work Are you available to work: Are you currently on "lay-off" status and subject to recall? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Can you travel if work requires it?

Yes

No

	Name and Address of School	Course of Stu	ıdy	Years completed	k	Diploma / Degree
Elementary School						
High School						
Undergraduate College						
Graduate Professional						
Other (Specify)						
	Indicate any FOREIG	GN languages vo	nu can sne	eak read and/or v	vrite	
	Fluent	G	Good	zan, roud and/or v	Fair	
Speak						
Read						
Write						
	zed training, apprentice	esnip, and skills	lliat iliay t	e job related.		
Describe any job rela	ted training received in	the United State	es Militarv.			
,,						
_						

EMPLOYMENT HISTORY

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, handicap or other protected status.**

<u>Employer</u>	Dates Employed: From To	Work Performed
Address	Hourly Rate/Salary StartingFinal	
Telephone Number	Job Title	Reason for leaving
	Supervisor	
<u>Employer</u>	Dates Employed: From To	Work Performed
Address	Hourly Rate/Salary StartingFinal	
Telephone Number	Job Title	Reason for leaving
<u>Employer</u>	Dates Employed: From To	Work Performed
Address	Hourly Rate/Salary StartingFinal	
Telephone Number	Job Title	Reason for leaving
<u>Employer</u>	Dates Employed: From To	Work Performed
Address	Hourly Rate/Salary StartingFinal	
Telephone Number	Job Title	Reason for leaving

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:

APPLICANT'S STATEMENT

I certify that answers given her	ein are true and	complete to the best of my k	nowledge.				
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 active for a period of time 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 even 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							
FOR PERSONNEL DEPARTMENT USE ONLY							
Arrange InterviewYe	sNo						
Remarks:							
Interviewer		Date					
EmployedY	esNo	Date of Employmen	nt				
Job Title		Hourly Rate/Salary	Department				
Ву							
NAME AND TITLI	<u> </u>		DATE				
NOTES:							