

**Employment Application**

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| --- |
| 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- AND FILL OUT ALL SECTIONS COMPLETLY*)**

|  |  |
| --- | --- |
| Position(s) 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 | | |
| Address Number Street City State Zip Code | | |
| Telephone Number(s) |  | E MAIL Address |

Do you have a current and valid drivers license?  Yes  No

Drivers License # State

Do you smoke cigarettes?  Yes  No

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

Will you be willing to take a Pre-Employment drug screen?  Yes  No

Are you prevented from lawfully becoming employed in this

country because of Visa or Immigration Status?

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

On what date would you be available to 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 in the last 10 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Elementary School** | | | | | **High School** | | | | **Undergraduate College/University** | | | | **Graduate/Professional** | | | | |
| **School Name & Location** |  | | | | |  | | | |  | | | |  | | | | |
| **Years Completed** | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **Diploma/Degree** |  | | | | |  | | | |  | | | |  | | | | |
| **Describe Course of Study** | | | | | |  | | | |  | | | |  | | | | |
| **Describe any specialized training, apprenticeship, skills and extra-curricular activities** |  | | | | | | | | | | | | | | | | | |
| **Describe any honors you have received** |  | | | | | | | | | | | | | | | | | |
| **State any additional information you feel may be helpful to us in considering your application** |  | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate any foreign languages you can speak, read and/or write. | | | |
|  | FLUENT | GOOD | FAIR |
| SPEAK |  |  |  |
| READ |  |  |  |
| WRITE |  |  |  |

**References**

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| --- |
| Give name, address and telephone number of three references who are not related to you and are not previous employers|

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| Have you ever served in the United States Military?  Yes  No  If yes, please describe  If yes, year and month of discharge  Are you an active duty wartime or campaign badge veteran?  Yes  No  Are you an Armed Forces Service Medal Veteran?  Yes  No  Are you a Disabled Veteran?  Yes  No |

**Employment Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Dates Employed | | Work Performed |
| From | To |
| Address |  |  |  |
|  |
| Telephone Number(s) | | |  |
|  |
| Job Title | Supervisor | |  |
|  |
| Reason for Leaving |  |
|  |
| Employer | Dates Employed | | Work Performed |
| From | To |
| Address |  |  |  |
|  |
| Telephone Number(s) | | |  |
|  |
| Job Title | Supervisor | |  |
|  |
| Reason for Leaving |  |
|  |
| Employer | Dates Employed | | Work Performed |
| From | To |
| Address |  |  |  |
|  |
| Telephone Number(s) | | |  |
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|  |
| Reason for Leaving |  |
|  |
| Employer | Dates Employed | | Work Performed |
| From | To |
| Address |  |  |  |
|  |
| Telephone Number(s) | | |  |
|  |
| Job Title | Supervisor | |  |
|  |
| Reason for Leaving |  |
|  |

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

# Special Skills and Qualifications

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

**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 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 sign at any time and the Employer may discharge 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 or the employer.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date |

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| FOR PERSONNEL DEPARTMENT USE ONLY |
| Arrange Interview Yes \_\_\_\_\_ No \_\_\_\_\_\_  Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INTERVIEWER DATE    Employed Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hourly Rate/  Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME & TITLE DATE |

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