

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)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number
		/ /

Best time to contact you at home 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, give date _____				
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, give date _____				
Do any of your friends or relatives, other than spouse, work here?	<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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status				
<i>Proof of citizenship or immigration status will be required upon employment. . . .</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date available for work / /	What is your desired salary range?			
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)		
	<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoons Evenings)		
	<input type="checkbox"/> Temporary	(please indicate dates available ___/___/___ - ___/___/___)		
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

EMPLOYMENT 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.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	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:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production / Mobile	
Terminal	Spreadsheet	Machinery (list)	Other (list)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

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

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 accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

References

1	()	
	(Name)	Phone #
	(Address)	
2	()	
	(Name)	Phone #
	(Address)	
3	()	
	(Name)	Phone #
	(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s)_ Applied For Is Open : Yes No

Position(s) Considered For: _____

Date _____