## **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, sexual orientation, or any other legally protected status.

#### (PLEASE PRINT)

Position(s	s) Applied For			Date of Applica	tion		
	l You Learn About Us?	_	E · 1		XX7 11 T		
	Advertisement		Friend		Walk-In		
	Employment Agency		Relative		Other		
Last Name			First Name			Middle Nar	ne
Address	Number Street			City		State	Zip Code
Telephone	Number(s)				Social Securit	ty Number	

If you are under 18 years of age, can you provide required proof of 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 due to Visa or Immigration status? <i>Proof of citizenship or immigration status will be required upon employment</i>	□ Yes	□ No
On what date would you be available for work?		
Are you available to work:		
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 7 years? Conviction will not necessarily disqualify an applicant from employment.	□ Yes	□ No
If Yes, please explain		

### Education

	Name of School & Location		Course Study Attended		Month/Yr) I/Completed m – To:	Diploma/ Degree		
High School								
Undergraduate School								
Other (Specify)								
	L	ndicate any fore	eign l	anguages you can s	speak, read	and / or write		
	Fluent			Good		]	Fair	
Speak								
Read								
Write								
Describe an	y specialized training		p, ski sitior		icular activ	ities relevant to	the	
		ho	511101	1.				
	Describe any j	ob-related train	ing r	eceived in the Unit	ed States M	lilitary.		
Equipment & So / Skills	Equipment & Software Training / Skills							
Certifications	Certifications							
State any additional information that may be helpful to us in considering your application								
l								
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.								

# 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 the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

### **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		mployed	Work Performed
1.	Address	From	То	work i enormed
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving	_		
$\mathbf{c}$	Employer		mployed	Work Performed
2.		From	То	work renormed
	Address			
	Telephone Number(s)	Hourly R	ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving	_	-	
3.	Employer	Dates Employed		Work Performed
5.	Address	From	То	work i chonned
	Telephone Number(s)		ate/Salary	
		Starting	Final	
	Job Title			
	Reason for Leaving	_	-	
4.	Employer		mployed	Work Performed
	Address	From	То	
	Telephone Number(s)		ate/Salary	
	Job Title	Starting	Final	
	300 110			
	Reason for Leaving	1		

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

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

### Applicant's Statement

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 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

	FOR P	ERSONNEL DEP	ARTMENT USE ONLY	
Arrange Interview	□ Yes	□ No		
Remarks				
Interviewer			Date	
Employed	□ Yes	□ No	Date of Employment	
			Department	
By Name & Title		Date		
		Dute		
Notes				
Position(s) Applied for is	Open:	□ Yes	D No	
Position(s) Considered Fo	r:			
Date				

**NOTES:**