

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# 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
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       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: ..... : ..... <sup>AM</sup>/<sub>PM</sub>

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 \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes       No

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

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

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

Can you travel if a job requires it? .....  Yes       No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



# 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.

These are the only employers that I have had in the last 7 years: Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<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.

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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

Do not list relatives or former/current employees. List home phone \_\_\_\_\_ and work phone \_\_\_\_\_

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

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_