

Application for Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

Date _____

(Please Print Clearly)

Name _____ Social Security # _____ - _____ - _____
Last _____ First _____ Middle _____

Address _____

Telephone # - - - Alternate or Cellular # - - - E-Mail Address

Position(s) applied for: _____

* On what date would you be available for work? _____

* Are you available for work: () Full-Time () Part-Time () Shift Work () Temporary () Weekends

* How did you learn about us? () Advertisement () Employment Agency () Friend () Walk-In () Relative
() Other _____

* If you are under 18 years of age, can you provide required proof of your eligibility to work? () YES () NO

* Have you previously applied for employment with us? If yes, give date: _____ () YES () NO

* Have you ever been employed with us before? If yes, give date: _____ () YES () NO

* Are you currently employed? () YES () NO

* May we contact your present employer? () YES () NO

* Are you currently on "lay-off" status and subject to recall? () YES () NO

* Are you legally eligible for employment in this country? () YES () NO

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Describe any specialized training, apprenticeships, skills, extra curricular activities, job related training received in the United States military or qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

- Shorthand
- Speedwriting
- Typewriter
- Calculator

Fax
 Microsoft Excel
 Microsoft Access
 Word

Outlook PowerPoint

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND CIVIC STATUS

FOREIGN LANGUAGE SKILLS

State any foreign language skills which you feel may be helpful to us in considering your application.

MISCELLANEOUS

State any other additional information which 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 WHICH YOU ARE APPLYING.

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN ASKED TO DO SO BY THE REQUIREMENT OF THE JOB WHICH YOU ARE APPLYING FOR.

Are you capable?
() YES () NO

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

Employer	Address	Phone
Job Title/Supervisor	Dates Employed	
Work performed:		
Reason for leaving:		

Employer	Address	Phone
Job Title/Supervisor	Dates Employed	
Work performed:		
Reason for leaving:		

Employer	Address	Phone
Job Title/Supervisor	Dates Employed	
Work performed:		
Reason for leaving:		

Employer	Address	Phone
Job Title/Supervisor	Dates Employed	
Work performed:		
Reason for leaving:		

IF YOU ARE APPLYING FOR A POSITION WHICH WOULD REQUIRE YOU TO DRIVE AS PART OF YOUR RESPONSIBILITIES, PLEASE ANSWER THE FOLLOWING:

- * Do you currently have a valid Driver's License? YES NO
- * Indicate type: Standard Driver's License
 Commercial Driver's License
- * Indicate class of License A B C D
- * List endorsements, if any: _____
- * Does your current license have any restrictions? YES NO
If yes, please describe restrictions. _____

REFERENCES – WORK RELATED

1. _____
NAME _____
PHONE _____

ADDRESS

2. _____
NAME _____
PHONE _____

ADDRESS

3. _____
NAME _____
PHONE _____

ADDRESS

APPLICANT'S STATEMENT

I certify the 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 which 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 this time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, employment relationship with this organization is of an "at will" nature, which means the Employee may resign 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 the 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

VOLUNTARY SURVEY

Government agencies at all times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

Current Job:

Check one: MALE FEMALE

Check one:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Two or more races	

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Birth date: