APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

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 (Voluntary)

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? ☐ 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

EDUCATION

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe any job-related training received in the United States military.

_____
_____
_____
_____
_____
_____
_____
_____

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 Machinery (list)	Other (list)
___Terminal	___Spreadsheet		
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?   ___YES   ___NO

REFERENCES

1. _____ (_____) _____
   (Name)   Phone #

   _____
   (Address)

2. _____ (_____) _____
   (Name)   Phone #

   _____
   (Address)

3. _____ (_____) _____
   (Name)   Phone #

   _____
   (Address)

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 Machinery (list)	Other (list)
___Terminal	___Spreadsheet	_____	_____
___PC/MAC	___Word Processing	_____	_____
___Typewriter	___Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
		_____	

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_____

_____

_____

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Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?   ____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 _____