

Application for Employment (Please print or type)

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.

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Employee Referral
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code

Home Telephone	Cellular Phone	Work Phone	Other Phone
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The best time to contact you is:	<input type="checkbox"/> AM <input type="checkbox"/> PM
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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
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Have you ever filed an application with us before? If yes, give date	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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
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Date available for work:	
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What is your desired salary range?	\$ _____ to \$ _____ per Hour
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<i>Are you available to work:</i>	<input type="checkbox"/> Full Time	Please indicate Shift:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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<input type="checkbox"/> Part-Time	Please indicate Availability:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
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<input type="checkbox"/> Temporary	Please indicate dates available:	to
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Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you been convicted of a felony within the last five years? <i>A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Employment Experience (If you need additional space, please attach a separate sheet of paper)

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
	Address	From	To	
	Supervisor	Telephone Number(s)		
	Job Title	Hourly Rate/Salary		
	Reason for Leaving	Starting	Final	

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

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

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

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.

Title	Organization	Start Date	End Date

Education

	School Name & Address	Course of Study	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.

Additional Information

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

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Specialized Skills Check and list skills/equipment operated.

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

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

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Notice 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

Name	Address	Phone	Relationship
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

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 the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed 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 Human Resources Use Only

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks			Date of Employment		
			Job Title		
Hourly Rate			Department		
Authorized By:	<i>Name (signature)</i>		<i>Title & Date</i>		
Position(s) applied for Is Open	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Position(s) considered for:					