

# 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)

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<b>Position(s) Applied For</b>	<b>Date of Application</b>
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**How did you hear about us?**

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk – in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Telephone Number(s)</b>	<b>Social Security Number</b>
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**If you are under 18 years of age, can you provide required proof of your eligibility to work?**

<b>Yes</b>	<b>No</b>
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**Have you ever filed an application with us before?**

<b>Yes</b>	<b>No</b>
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**If yes, give date:** \_\_\_\_\_

**Are you currently employed?**

<b>Yes</b>	<b>No</b>
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**May we contact your present employer?**

<b>Yes</b>	<b>No</b>
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**Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?**

<b>Yes</b>	<b>No</b>
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Proof of citizenship or immigration status will be required upon employment

**On what date would you be available for work?** \_\_\_\_\_

**Are you available on “lay-off” status?**

<b>Yes</b>	<b>No</b>
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**Can you travel if a job requires it?**

<b>Yes</b>	<b>No</b>
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**Have you been convicted of a felony within the last 7 years**

<b>Yes</b>	<b>No</b>
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# 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.

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Employer Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Pay Rate: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Pay Rate: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Pay Rate: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Please list professional, trade, business, or civic activities and offices held.  
You may exclude membership which would reveal gender, race, religion, national origin,  
Age, ancestry, and any other protected status.

Other Qualifications: \_\_\_\_\_

# REFERENCES

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( Name )

(Phone)

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(Address)

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( Name )

(Phone)

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(Address)

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( Name )

(Phone)

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(Address)

# APPLICATION'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge

I authorized investigation of all statements contained in the 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 same 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 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 any 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 PERSONNEL DEPARTMENT USE ONLY

Arrange interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Employment \_\_\_\_\_

Job Title: \_\_\_\_\_ Pay rate: \_\_\_\_\_ Department: \_\_\_\_\_

BY: \_\_\_\_\_  
Name & Title