

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 hear about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)			

Best time to contact you 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, when? _____

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? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time *(Please indicate)* 1st 2nd 3rd 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

Education

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

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.

Specialized Skills (*Check Skills/Equipment Operated*)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Forklift | <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> Other |
| <input type="checkbox"/> Excavator | <input type="checkbox"/> TWIC | _____ |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> CAC | _____ |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> DBIDS | <input type="checkbox"/> Other |
| <input type="checkbox"/> OSHA Certified | <input type="checkbox"/> CDL Class _____ | _____ |
| <input type="checkbox"/> 10 | <input type="checkbox"/> Other Endorsements | _____ |
| <input type="checkbox"/> 30 | <input type="checkbox"/> _____ Other | _____ |
| | _____ | |

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

- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____
- Name _____ Phone _____
Address _____

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: From	To
	Address	Work Performed	
	Telephone Numbers(s)		
	Job Title	Supervisor	
	Reason for Leaving		
2.	Employer	Dates Employed: From	To
	Address	Work Performed	
	Telephone Numbers(s)		
	Job Title	Supervisor	
	Reason for Leaving		
3.	Employer	Dates Employed: From	To
	Address	Work Performed	
	Telephone Numbers(s)		
	Job Title	Supervisor	
	Reason for Leaving		
4.	Employer	Dates Employed: From	To
	Address	Work Performed	
	Telephone Numbers(s)		
	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:

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 Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks

Employed Yes No Date of Employment _____

Job Title _____ Rate/Salary _____ Department _____

By _____
Name and Title Date