

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?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		City
	State	Zip Code
Telephone Number(s)		Social Security Number

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 ot work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before?..... Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, 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

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer

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.

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

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

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

REFERENCES

1	_____ ()	
	(Name)	Phone #
	_____ ()	
	(Address)	
2	_____ ()	
	(Name)	Phone #
	_____ ()	
	(Address)	
3	_____ ()	
	(Name)	Phone #
	_____ ()	
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statement 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. 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 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