Application For Employment

Return to:

DATE: ____/____/____

POSITION: _____

NAME: _____

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. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
Last Name	First Name	Middle Name	
Address *Number* *Street*	*City*	*State*	*Zip Code*
Telephone Number(s)	Email (if available)	Social Security Number	

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 _____

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.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

_____

Education

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

Mark highest level completed:

Some HS ☐ HS/GED ☐ Vocational/Trade ☐ Some College ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

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

_____

_____

Describe any job-related training received: _____

_____

_____

Other Qualifications

LICENSE(S) OR CERTIFICATION(S)

License or Certification	Date of Latest Issue	State or Licensing Agency

Mark skills/equipment operated:

Calculator ☐ Typewriter ☐ Fax ☐ Copier/Scanner ☐ Language Skills ☐

Computer (check all that apply): Wordprocessing ☐ Spreadsheet ☐ Other ☐ Please specify_____

☐ Production/Mobile Machinery:_____

☐ Other: _____

Summarize special job-related skills and qualifications acquired from employment or other experience: _____

_____

_____

State 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.**

A description of the activities involved in this job or occupation is available. Are you capable of performing, with or without accommodations, the activities involved in the job or occupation for which you have applied?

☐ Yes ☐ No

Employment Experience

Start with your present or last job. A resume may be attached if desired. You may include both paid and volunteer activities.
You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer		DATES EMPLOYED		WORK PERFORMED
Address		From	To	
Telephone Number(s)		HOURLY RATE/SALARY		REASON FOR LEAVING
Job Title	Supervisor	Starting	Final	
2. Employer		DATES EMPLOYED		WORK PERFORMED
Address		From	To	
Telephone Number(s)		HOURLY RATE/SALARY		REASON FOR LEAVING
Job Title	Supervisor	Starting	Final	
3. Employer		DATES EMPLOYED		WORK PERFORMED
Address		From	To	
Telephone Number(s)		HOURLY RATE/SALARY		REASON FOR LEAVING
Job Title	Supervisor	Starting	Final	
4. Employer		DATES EMPLOYED		WORK PERFORMED
Address		From	To	
Telephone Number(s)		HOURLY RATE/SALARY		REASON FOR LEAVING
Job Title	Supervisor	Starting	Final	

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.
(Include name and position applying for.)

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.

_____

_____

_____

_____

_____

References

1. _____ (_____) _____
NAME PHONE NO.

_____
ADDRESS

2. _____ (_____) _____
NAME PHONE NO.

_____
ADDRESS

3. _____ (_____) _____
NAME PHONE NO.

_____
ADDRESS

Applicant's Statement

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

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. 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_____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

_____

Interviewer_____ Date_____

Employed ☐ Yes ☐ No If Yes, Date of Employment _____

Job Title_____ Hourly Rate/ Salary_____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

_____

_____

_____

_____