



Application for Employment

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for	Date of Application
Hourly Rate/Salary Desired	Available Start Date
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Internet Site _____ <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Street Address	City	State	ZIP Code
Telephone Number(s)			
Cell _____		Other _____	
Email _____			

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		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you authorized to work lawfully in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Require Sponsorship	
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Overtime	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if the job requires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been involuntarily terminated from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please explain _____				

EDUCATION

	Name and Address of School	Course of Study	Diploma/Degree Level
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

EMPLOYMENT

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.

	From	To
1. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____
2. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____
3. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____
4. Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____

Speak, Read and Write Fluently:

English Other: _____

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

References: Give the names of three persons not related to you whom you have known at least three (3) years.

Name	Phone or Email	Company/Occupation	Years Acquainted
1. _____			
2. _____			
3. _____			

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.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE 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 AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS “AT WILL” EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR 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