

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)

Position(s) applied for:	Date of Application
How Did You Learn 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 _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)				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)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

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

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

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.

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:

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"/> Fax <input type="checkbox"/> Microsoft Word <input type="checkbox"/> PC <input type="checkbox"/> Excel <input type="checkbox"/> Calculator <input type="checkbox"/> Publisher <input type="checkbox"/> Typewriter <input type="checkbox"/> PowerSchool <input type="checkbox"/> Copy Machine	Production/Mobile Machinery (list)	Other (list)

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.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

REFERENCES

Name	Address	Phone # with Area Code
1.		
2.		
3.		
4.		
5.		

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all previous employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that such promise or guarantee is binding upon the employer unless made in writing.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability, which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules, which are issued, are not conditions of employment and the employer may revise policies or procedures in whole or in part, at any time.

I understand that this application will not remain on active file.

Signature of Applicant

Date

Note: A complete transcript of all undergraduate and graduate college work and a current license must be placed on file in the Administrator's office at the time of employment. It is the responsibility of the applicant to supply this information upon request.