



Application For Employment

We consider applicants for all positions regardless of race, color, religion, national origin, sex, creed, marital status, familial status, disability, public assistance, age, sexual orientation, local human rights commission activity, veteran status, or any other legally protected status. Prospective employees will be asked to submit to a drug and alcohol test.

Position(s) Applied For:				Date:	
How did you learn about us?					
Facebook	Web Site	LinkedIn	Employee	Inquiry	
Craig's List	Employment Agency		Friend/Relative	Other	

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

Best time to contact you is: _____

Have you ever filed an application with us before? If yes, give date _____ Yes No

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

Do any of your friends or relatives work here, other than spouse? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your current 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? _____

Are you available to work: Full Time (Please Indicate Shift) _____
Part Time (Please Indicate) _____

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

Can you travel if the job requires it? Yes No



Education

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

Work Experience

Employer	Work Performed		
Address			
Telephone Numbers			
Starting/Present Job Title			
Supervisor			
Reason for Leaving			
Dates Employed	Hourly/Salary	Starting	Final

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Comments on Education and Employment Past: Include explanations of any gaps in employment

Describe any specialized training, apprenticeships, skills and extracurricular activities

Describe any job related training received in the United States Military



List professional, trade, business or civic activities and offices held. *(Exclude any that would reveal protected status)*

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills

State any additional information that may be useful to us in considering your application.

Note to Applicants: **DO NOT ANSWER QUESTIONS 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?

Personal/ Professional References (Do not include family members or past supervisors)			
Name	Phone Number	Best Time to Call	Occupation



Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all the 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 365 days. Any applicant wishing to be considered for employment beyond this point 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 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 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 OFFICE USE ONLY:			
Arrange Interview	Yes	No	Date: _____
Remarks:			
Approved:	Yes	No	Date: _____
By: _____			