



**APPLICATION
FOR
EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
Last Name	First	Middle Initial
Address		
City, State, Zip		
Telephone Numbers	Home Phone # ()	Cell Phone # ()

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed an application with us before? If YES, give date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been employed with us before? If YES, give date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are under 18, can you provide required proof of your eligibility to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently employed? |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (<i>Proof of citizenship or immigration status will be required upon employment.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony within the last 7 years? (A "yes" response does not automatically disqualify your application.) If YES, please explain |

On what date would you be available for work? _____

Are you seeking to work: Full Time Part Time Any

Can you work (check all that apply): Weekends Days Evenings Nights

Are you willing to work overtime as required? Yes No

How did you learn about this job opportunity? _____

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4
 Graduate Studies _____

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
Graduate Studies			

List Any Professional Designations

Do you speak, read or write any foreign languages? If YES, please list:

Other Special Knowledge, Skills or Qualifications

REFERENCES

Give name, address and telephone number of three professional (individuals who are familiar with your work performance) references and/or employer references who are not related to you:

1. _____
 Name Relationship Address Phone
2. _____
 Name Relationship Address Phone
3. _____
 Name Relationship Address Phone

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employer Name	Supervisor Name	Start Date	Starting Salary
Employer Address	Supervisor Phone #	End Date	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employer Name	Supervisor Name	Start Date	Starting Salary
Employer Address	Supervisor Phone #	End Date	Ending Salary
Job Title		Reason for Leaving	
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Employer Address	Supervisor Phone #	End Date	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

I understand the information contained in the position description regarding the following:

1. Position Purpose
2. Essential Functions
3. Supportive Functions
4. Specific Job Knowledge, Skill and Ability
5. Qualification Standards

I hereby state that I am able to perform the essential functions of the position with or without reasonable accommodations.

Signature of Applicant

Date

CERTIFICATION & AUTHORIZATION

I certify that the fact set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I release the Company from any liability.

I understand that employment with this Company is "at-will," which means that the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand 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 the Organization.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date