

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, or any other legally-protected status.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

| | | | | | |
|---------------------|------------------------|-------------|------|-------|----------|
| Last Name | First Name | Middle Name | | | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | Social Security Number | (voluntary) | | | |

Best time to contact you at home is::_____ AM PM

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: _____

Do any of your friends, or relatives, other than spouse, work here? Yes No

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.)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-time (please indicate 1 2 3 shift)
 Part-time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available __/__/__ - __/__/__

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

Education

| | Name and Address of School | Course of Study | No. of Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|------------------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

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

Describe any volunteer or community service you have participated in.

Employment Experience

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.

| | | | | |
|---------------------|------------|--------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason For Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason For Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone Number(s) | | Hourly Rate/Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason For Leaving | | | | |
| 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)

| | | | |
|------------------------|-------------------------|---|---|
| _____ Microsoft Office | _____ Access | Familiarity with other software programs _____ _____ _____ | Other (List) _____ _____ _____ |
| _____ Word | _____ Power Point | | |
| _____ Excel | _____ Microsoft Outlook | | |

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 review of the activities involved in such a job or occupation has been given.

_ Yes _ No

References

- _____ (Name) _____ (Telephone Number)

_____ (Address)
- _____ (Name) _____ (Telephone Number)

_____ (Address)
- _____ (Name) _____ (Telephone Number)

_____ (Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open Yes No

Position(s) Considered For: _____

Date _____

Applicant's Statement

I certify that answers given herein are true and complete.

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 Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____
NAME AND TITLE DATE

Affirmative Action Data Record

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(Please Print)

| | | | | | |
|---------------------|--------|------------|------|--------------------------------------|----------|
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | | Social Security Number / / / / | |

REFERRAL SOURCE:

Advertisement
 Employee
 Relative
 Private Employment Agency
 Friend
 Walk-in
 Government Employment Agency
 Other _____

| / Complete Only The Sections Below That Have Been Checked | |
|---|--|
| | Current Job |
| | Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander |
| | Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual |
| | Birthdate |

FOR AFFIRMATIVE ACTION PROGRAM USE ONLY

Position(s) Applied For Is Open: _Yes _No

Position(s) Considered For: _____

Date _____

Hired _Yes _No

Start Date ___/___/___

Position _____

EMPLOYMENT ANALYSIS REGISTER

| | |
|------------------|--|
| Gender: | |
| Race: | |
| Disability: | |
| Other: | |
| Referral Source: | |
| EEO1 Category: | |
| Disposition: | |

NOTES:

Completed By _____ Date ___/___/___