



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital 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	Other _____	
Last Name		First Name		Middle Name
Street Address		City	State	Zip Code
Home Phone		Cell Phone		Social Security Number

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 been convicted of a misdemeanor or felony crime? Yes No

If you answered Yes to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. THE DISCLOSURE OF A MISDEMEANOR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION. CRIMINAL BACKGROUND CHECKS WILL BE CONDUCTED. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

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?
Proof of citizenship or immigration status will be required upon employment. Yes No

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

Are you available to work Full-Time? Yes No
Please indicate: 1st 2nd 3rd shift

Are you available to work Part-Time? Yes No
Please indicate: Mornings Afternoon Evenings

Are you seeking Temporary Employment Yes No
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

EMPLOYMENT HISTORY

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

Employer		Job Title		Supervisor	
Business Address			City	State	Zip Code
Work Performed					
Reason for Leaving					
Dates of Employment		Hourly Rate		May we contact this Employer? Yes No	
From: ___/___/___	To: ___/___/___	Start: ___ hr.	Final: ___ hr.	Employer Phone Number:	

Employer		Job Title		Supervisor	
Business Address			City	State	Zip Code
Work Performed					
Reason for Leaving					
Dates of Employment		Hourly Rate		May we contact this Employer? Yes No	
From: ___/___/___	To: ___/___/___	Start: ___ hr.	Final: ___ hr.	Employer Phone Number:	

Employer		Job Title		Supervisor	
Business Address			City	State	Zip Code
Work Performed					
Reason for Leaving					
Dates of Employment		Hourly Rate		May we contact this Employer?	
From: ___/___/___		To: ___/___/___		Start: ___ hr. Final: ___ hr.	
				Employer Phone Number:	
				Yes No	

Employer		Job Title		Supervisor	
Business Address			City	State	Zip Code
Work Performed					
Reason for Leaving					
Dates of Employment		Hourly Rate		May we contact this Employer?	
From: ___/___/___		To: ___/___/___		Start: ___ hr. Final: ___ hr.	
				Employer Phone Number:	
				Yes No	

ACTIVITIES

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:

EDUCATION

School	Address of School	
Course of Study	Years Completed	Diploma or Degree

School	Address of School	
Course of Study	Years Completed	Diploma or Degree

School	Address of School	
Course of Study	Years Completed	Diploma or Degree

School	Address of School	
Course of Study	Years Completed	Diploma or Degree

School	Address of School	
Course of Study	Years Completed	Diploma or Degree

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

1.	Name	Phone Number
	Address	
2.	Name	Phone Number
	Address	
3.	Name	Phone Number
	Address	

APPLICANTS 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 can discharge Employee at any time with or without cause.

In the event of employment, I understand that any false information given in my application or interview(s) may result in immediate termination and that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for is open:	Yes	No	Arrange Interview:	Yes	No
Position(s) Considered For:					
Remarks:					
Interviewer:				Date:	
Employed:			Date of Employment:		
Yes		No			
Job Title:		Hourly/Salary:		Department:	
By:					Date: