



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

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Social Security # _____ | _____ | _____ DOB _____

Position(s) Applied For _____ Available Start Date _____

Are you available to work: Full Time Part Time Shift Work Temporary

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 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.

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 ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Special Skills and Qualifications

*Summarize special job-related skills and qualifications acquired from employment or other experience.
 Please indicate any foreign languages you can read, write, and/or speak.*



Employment Experience

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

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Job Duties: _____

Dates of Employment: From _____ To _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Job Duties: _____

Dates of Employment: From _____ To _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Job Duties: _____

Dates of Employment: From _____ To _____

References

Give name, address, and phone number of three references who are not related to you or previous employers.

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Education

High School _____

Address _____ City _____ State _____ Zip _____

Years Attended: From _____ To _____ Did you graduate? Yes No

College _____ Course of Study _____

Address _____ City _____ State _____ Zip _____

Years Attended: From _____ To _____ Did you graduate? Yes No

Other Education/College _____ Course of Study _____

Address _____ City _____ State _____ Zip _____

Years Attended: From _____ To _____ Did you graduate? Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 this 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 or the employer.

Signature of Applicant

Date