

## APPLICATION FOR EMPLOYMENT

***We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, marital status, or any other legally protected status.***

(PLEASE PRINT)

Position(s) applied for:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name:	First Name:	Middle Name:	
Address	City	State	Zip Code
Telephone No(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, please give date: \_\_\_\_\_

Have you ever been employed by us before?  Yes  No  
 If yes, please give date: \_\_\_\_\_

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

\_\_\_\_\_

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 is required upon employment.*

Date available for work: \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full time  Part time  Temporary

Please indicate if:  AM  PM  Others

Please indicate availability: \_\_\_\_\_

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

Can you travel if the job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
	Name and address of school	Course of Study	No. of years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Others (please specify)				

WORK EXPERIENCE			
Start with your present or last job. You may include volunteer activities.			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone No(s).	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone No(s).	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone No(s).	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Describe any specialized training, apprenticeship, skills, and extracurricular activities:**

<b>Additional Information</b>
<b>Other qualifications:</b> <i>Summarize special job-related skills and qualifications acquired from employment or other experience</i>

<b>Specialized Skills/Equipment Operation</b>
<input type="checkbox"/> Terminal <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Others: _____ <input type="checkbox"/> PC/Mac <input type="checkbox"/> Word Processing                                      _____ <input type="checkbox"/> Typewriter _____wpm <input type="checkbox"/> Shorthand _____wpm                      _____ <i>State any additional information you feel may be helpful to us in considering your application</i>

<b>Personal/Professional References</b> <i>(Please do not include family members or past supervisors)</i>		
<b>Name</b>	<b>Telephone Number</b>	<b>Best Time to Call</b>
1.		
2.		
3.		

<b>Person/s to contact in case of emergency:</b>			
<b>Name</b>	<b>Relationship</b>	<b>Telephone No.</b>	<b>Address</b>
<b>Name</b>	<b>Relationship</b>	<b>Telephone No.</b>	<b>Address</b>
Doctor	Telephone Nos.		Address
Doctor	Telephone Nos.		Address

<b>APPLICANT'S STATEMENT</b>	
<p>I certify that the answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>I hereby understand and acknowledge that, unless 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.</p>	
----- <b>Applicant's signature</b>	----- <b>Date</b>

