

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 handicap, or any other legally protected status. Providing your social security number is voluntary. It is used for employment identification purposes. Omission will not prohibit employment consideration.

PLEASE PRINT

Position(s) Applied For	Date of Application
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How Did You Learn About Us?	Friend	Walk-In
Advertisement	Relative	Other
Employment Agency		

Last Name	First Name	Middle Initial
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Address	City	State	Zip
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Telephone Number	Social Security Number
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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) Date: \_\_\_\_\_

Have you ever been employed with us before? Yes  No   
 (If yes, give date) Date: \_\_\_\_\_

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

On what date would you be available to work? \_\_\_\_\_

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

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 been convicted of a felony within the last 7 years? Yes  No   
conviction will not necessarily disqualify an applicant from employment  
 If yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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

1)	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for leaving				
2)	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for leaving				
3)	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for leaving				
4)	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

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	Elementary School	High School	College/University	Graduate
School Name and Locations				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*


**REFERENCES**  
Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1
2
3

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 for?

Yes

No

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 the 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 \_\_\_\_\_ Dept \_\_\_\_\_

By \_\_\_\_\_  
Name and Title                      Date

NOTES \_\_\_\_\_

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulation, 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 you Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

### VOLUNTARY SURVEY

Please Print

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security Number		

Current Job		
Choose one:	Male	Female
Choose one of the following: (Ethnic Origin)		
White	Hispanic	American Indian/Alaskan Native
Black	Other	Asian/Pacific Islander
Choose one of the Following:		
Vietnam Era Veteran	Disabled Veteran	Handicapped Individual

