

# Application for Employment

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.

(PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_ Rate of pay expected \_\_\_\_\_ Date of application 0, 2006

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

Last Name	First Name	Middle Name
Address	City	State
Telephone Number(s)	Social Security Number	

Are you legally eligible for employment in the U.S.A.?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

Age if less than 18 or over 70 \_\_\_\_\_

Are you currently employed? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us? Yes No

Is your spouse currently employed with us? Yes No

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

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please

explain \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

Where did you hear of our job opening? \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	From Mo/Yr	To Mo/Yr	Hourly Rate/Salary Start Final	Reason for Leaving	Name of Supervisor
	Describe the work you did:				
Telephone Number (s)					
	Describe the work you did:				
Telephone Number (s)					
	Describe the work you did:				
Telephone Number (s)					
	Describe the work you did:				
Telephone Number (s)					

I hereby give permission to contact the employers listed above concerning any information you deem relevant

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Special Skills and Qualifications

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

## Military Service Record

Were you in U.S. Armed Forces? Yes  No  If yes, what Branch? \_\_\_\_\_  
Dates of duty: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Rank at discharge? \_\_\_\_\_

## Education

School Name and Location	Elementary	High School	College/University	Graduate/
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	
Type of Diploma/Degree				

Describe any other specialized training or education:

In case of EMERGENCY, Notify: (Please Print)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 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 employment decision.

This application shall be considered active for a period of time not to exceed 90 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 the organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may dismiss the 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 an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be grounds for 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  Department \_\_\_\_\_ Salary \_\_\_\_\_  
Date of Employment \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_