

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 Applied For:	Date of Application
Last Name	First Name M.I.
Address	
Telephone Number (s)	Social Security Number - -

If you are under 18 years of age, can you provide required proof of a work permit? Yes No

Have you ever filed an application with us before? Yes No If Yes, When? _____

Have you ever been employed with us before? Yes No If Yes, When? _____

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

On what date would you be available for work? _____

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

If yes, please explain _____

Have you ever had any job related training in the United States Military? Yes No

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

EDUCATION

Elementary School Name and Address		
High School Name and Address	Grade Completed	Diploma Received?
Further Schooling Beyond High School	Years Completed	Diploma/Degree/Certificate Received?

EMPLOYMENT EXPERIENCE

Start with your present or last 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 Name and Address		Telephone Number
Job Title/Duties Performed		Supervisor
Dates employed	Reason for Leaving	Hourly Rate/Salary

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REFERENCES

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

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigations 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 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 all rules and regulations of the employer.

Signature of Applicant

Date