

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number _____
AREA CODE

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? 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 may be required upon employment)

On what date would you be available for work? _____

Salary Desired _____

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

Are you on a lay-off and subject to recall? Yes No

Do you have a driver's license? Yes No If Yes, what class? _____

Can you travel if a job requires it? Yes No

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

If yes, please explain _____

Have you ever been a defendant in a civil action for a wrongful act, damage or injury done willfully or negligently? Yes No

If Yes, what is the nature or disposition of this action? _____

Veteran of the U.S. military service? Yes No If Yes, Branch _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No

If Yes, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If Yes, please indicate _____

Indicate what foreign languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 204 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Phone Number	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Phone Number	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Phone Number	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Phone Number	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Phone Number	Starting	Final	
Reason for Leaving			

Special Skills and Qualifications

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

Education

	ELEMENTARY	HIGH	COLLEGE/UNIV.	GRADUATE/ PROFESSIONAL
School Name				
Years Completed:(Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	
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Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

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.

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 Company.

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 _____ Department _____

By _____
Name and Title Date