

Application For Employment

We consider applicants for all positions without regard to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex of any person.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Contact Number(s) (___) ___ / ___ and/or (___) ___ / ___

*If you are under 18 years of age, can you provide required proof of your

Last Name	First Name	Middle Name
Address	Number Street	City
		State
		Zip Code

eligibility to work? Yes No

(The Fair Employment Practices and Housing Act prohibits discrimination on the basis of age with respect to individuals who are more than 40 years of age.)

Have you ever filed an application with us before? Yes No (If Yes, give date _____)

Have you ever been employed with us before? Yes No (If Yes, give 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 for 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

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

		Production/Mobile Machinery (list):	Other (list):
CRT	Fax	_____	_____
PC	Lotus 1-2-3	_____	_____
Calculator	PBX System	_____	_____
Typewriter	WordPerfect	_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

Reference:

1. Name _____ (____) ____ - ____

_____ (Address)

2. Name _____ (____) ____ - ____

_____ (Address)

3. Name _____ (____)____-_____

(Address)

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, disabilities or other protected status.*

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	From	To	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	From	To	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	From	To	
Reason for Leaving			

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

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

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 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.

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

