



# 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 disability, or any other legally protected status.

(PLEASE PRINT)

POSITION INFORMATION	
Position(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Other _____

GENERAL INFORMATION					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number (s) _____ (Primary)			_____ (Alternate)		

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 \_\_\_\_\_

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  N/A

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 seeking to work:  Full Time  Part Time  Any

Can you work (check all that apply):  Weekends  Days  Evenings

Can you travel if a job requires it?  Yes  No

Have you been convicted of a crime or participated in a diversion program 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

Education												
	High School				Undergraduate College/University				Graduate/Professional			
School Name & Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, or internships												

Do you speak, read or write any foreign languages? If yes, please list:

\_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

REFERENCES				
Give name, address and telephone number of a current or former supervisor who is not related to you.				
1.	_____	_____	_____	_____
	Name	Relationship	Address	Phone
2.	_____	_____	_____	_____
	Name	Relationship	Address	Phone
3.	_____	_____	_____	_____
	Name	Relationship	Address	Phone

EMPLOYMENT EXPERIENCE				
1. Employer		Dates Employed		Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**EMPLOYMENT EXPERIENCE CONTINUED**

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

If you need more space, please continue on a separate sheet of paper. If you have a resume, you may attach it to this application, however, submission of a resume is not in lieu of a completed application.

**Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience:**

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I understand the information contained in the position description regarding the following:

1. Position Purpose
2. Essential Functions
3. Supportive Functions
4. Specific Job Knowledge, Skill and Ability
5. Qualification Standards

I hereby state that I am able to perform the essential functions of the position with or without reasonable accommodations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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.

I hereby acknowledge that 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 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 the Organization.

I understand that false or misleading information given in my application or interview(s) may result in denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date