



Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status

(PLEASE PRINT)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about us: Advertisement Relative Employment Agency Walk In Friend Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever filed an application with us before? If yes, give date	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been employed with us before? If yes, give date	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? <small>Proof of citizenship or immigration status will be required upon employment</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
On what date would you be available to work?		
Are you currently on "lay off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a felony within the last 7 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain: _____ _____		

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

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

Describe any specialized training, apprenticeships, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

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.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Applicants 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 applications 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 this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is 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. Is it 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 this 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 this employer.

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/Salary Rate _____ Department _____

By _____
NAME AND TITLE DATE

NOTES

Additional Information

Other Qualifications

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

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 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

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) applied for is open:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Position(s) Considered For:	_____
Date:	_____

NOTES:

EMERGENCY INFORMATION:

Contact Person: _____
Relationship: _____
Phone Number: _____