

# Application for Employment

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

*(PLEASE PRINT)*

Position Applied for	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative _____	<input type="checkbox"/> Internet Site _____
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Street Address	City	State
		ZIP Code
Telephone Number(s)		
Cell		Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

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

If No, when? \_\_\_\_\_

Are you authorized to work lawfully in the United States?

Yes

No

On what date would you be available to 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 the job requires?

Yes

No

Have you ever been involuntarily terminated from a job?

Yes

No

If Yes, please explain \_\_\_\_\_

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## EDUCATION

	Name of School	Course of Study	Year Completed	Diploma/Degree Level
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Speak, Read and Write Fluently: <input type="checkbox"/> English <input type="checkbox"/> Other: _____				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
_____ _____ _____				
Describe any job-related training received in the United States military.				
_____ _____ _____				

## EMPLOYMENT

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.

	From	To
1. Employer _____		
Address _____		
Telephone Number(s) _____		
Job Title _____	_____	_____
Reason for Leaving _____		
2. Employer _____		
Address _____		
Telephone Number(s) _____		
Job Title _____	_____	_____
Reason for Leaving _____		

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		From	To
3.	Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____
4.	Employer _____ Address _____ Telephone Number(s) _____ Job Title _____ Reason for Leaving _____	_____	_____

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

**REFERENCES**

NAME	TELEPHONE	YEARS KNOWN

## 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.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR 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 by all rules and regulations of the 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 Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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