



# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Qualified 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.

## APPLICATION INFORMATION

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Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment Agency  Other

## PERSONAL INFORMATION

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Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Number Street City State Zip*

Phone No.: \_\_\_\_\_

Have you filed an application here before?  Yes  No Date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

If yes, give Alien Registration Number: \_\_\_\_\_

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

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

Can you travel if a job requires it?  Yes  No

Do any of your friends or relatives, other than your spouse, work here?  Yes  No

If yes, list the name(s): \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

Employer	Dates		Work Performance
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates		Work Performance
	From	To	
Address			
Job Title	Hourly Rate/Salary		
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Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

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

Summarize Special Skills & Qualifications Acquired Form Employment or Other Experience:

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## EDUCATION

	Elementary					High				College / University				Graduate / Professional			
School Name:																	
Highest Year Completed:	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/Degree																	
Describe Course of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:																	

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: \_\_\_\_\_ Dept. \_\_\_\_\_

By (Name/Title): \_\_\_\_\_ 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. 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, 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 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 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

<b>For Personnel Department Use Only</b>	
Arrange Interview:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	_____
Interviewer:	_____ Date: _____
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment: _____
Job Title:	_____ Hourly Rate/Salary: _____ Dept. _____
By (Name/Title):	_____ Date: _____

**NOTES:**

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