

Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-in Website Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____ Social Security Number _____

If necessary, best time to call you at home is _____: _____ am/pm

May we contact you at work?..... Yes No

If yes, work number and best time to call() _____:

If you are under 18, can you furnish a work permit?..... Yes No

Have you ever filed an application here before?..... Yes No

If yes, give date..... / /

Have you ever been employed here before?..... Yes No

If yes, give dates..... From / / To / /

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... / /

Type of employment desired..... Full Time Part Time

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

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

Have you ever been bonded?..... Yes No

Have you ever been convicted of a felony in the last seven (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain _____

Driver's license number _____ State _____

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

WORK 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)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
	May we contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
	May we contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
	May we contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment

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

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

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.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualificationa aquired from employment or other experience.*

SPECIALIZED SKILLS (✓ Skills/Equipment Operated)

<input type="checkbox"/> ASE Certification	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Forklift Certification	<input type="checkbox"/> Website design/programming	_____	_____

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

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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 accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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