



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) applied for _____	Date of Application _____
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Last Name _____	First Name _____	Middle Name _____	Preferred Name _____
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Street _____	City _____	State _____	Zip _____
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Telephone Number(s) _____	Social Security Number _____
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement (What source?) _____	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Are you currently employed? Yes No

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. _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location. _____

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 filling out the application

Date available for work _____ What is your desired pay range? _____

Are you available to work? Full time Part time Temporary

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

Can you travel if a job required it? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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, handicap, or other protected status.

1. Employer	Dates Employed From / To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Employer	Dates Employed From / To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Employer	Dates Employed From / To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Employer	Dates Employed From / To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills and Qualifications Summarize special job-related skills, equipment and qualifications acquired from employment or other experience.

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities				
State any additional information you feel may be helpful to us in considering your application				
Describe any job-related training received in the United States Military				

List professional, trade, business or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status.*

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 and candidate background 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.

I understand I will be required to successfully pass a drug-screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of my employment.

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.

Applicant's Signature

Date

Thank you for applying with our company. Only completed applications will be considered.