

# Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap; or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application	
Last Name:		First Name:	Middle Name:
Address: Number:	Street:	City:	State: Zip Code:
Applicants Telephone Number(s) & Email Address		Social Security Number:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
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 _____	
May we contact your previous employer?		Yes	No
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 employment.			
On what date would you be available for 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 a job requires it?		Yes	No
Have you ever been convicted of a misdemeanor or a felony?		Yes	No
If so, please explain: _____			

# 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, handicap or other protected status.

<b>1. Employer:</b> Address: Telephone: Job Title:                      Supervisor: Reason for leaving:	<b>Dates Employed</b> From              To Hourly Rate/ Salary Starting              Final	<b>Work Performed</b>
<b>2. Employer:</b> Address: Telephone: Job Title:                      Supervisor: Reason for leaving:	<b>Dates Employed</b> From              To Hourly Rate/ Salary Starting              Final	<b>Work Performed</b>
<b>3. Employer:</b> Address: Telephone: Job Title:                      Supervisor: Reason for leaving:	<b>Dates Employed</b> From              To Hourly Rate/ Salary Starting              Final	<b>Work Performed</b>
<b>4. Employer:</b> Address: Telephone: Job Title:                      Supervisor: Reason for leaving:	<b>Dates Employed</b> From              To Hourly Rate/ Salary Starting              Final	<b>Work Performed</b>

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

## Special Skills and Qualifications

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

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
<b>School Name and Location</b>																	
<b>Years Completed</b>	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
<b>Diploma / Degree</b>																	
<b>Describe Course of Study</b>																	
<b>Describe any specialized Training, apprenticeship skills And extra-curricular activities.</b>																	
<b>Describe any honors You have received.</b>																	
<b>State any additional information You feel may be helpful to us in Considering your application.</b>																	

Indicate any foreign languages you can speak, read, and / or write			
	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

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

\_\_\_\_\_

