



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all qualified persons without regard to race, color, religion, gender, national origin, age, disability, military background, marital status, height, weight, arrest record, genetics, or other protected status as required by law. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Date of Application: ____ / ____ / ____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone # (____) _____ Cell Phone.# (____) _____

E-mail Address _____

Position(s) Applying for: _____

Date Available for Work: ____ / ____ / ____ Desired Salary Range: \$ _____

Type of Employment: Full-Time Part-Time Temporary Seasonal Educational - Co-Op

Referral Source: Advertisement Employee Private Employment Agency Government Employment Agency
 Relative Walk-In Other (List Source) _____

Best time to call you at home: ____ : ____ AM PM

Yes No Are you under 18?
 If yes, can you furnish a work permit? Yes No

Yes No Have you ever applied to this company before?
 If yes, please provide dates: From ____ / ____ / ____ To ____ / ____ / ____

Yes No Are you legally eligible for employment in this country?

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

Yes No Will you work overtime if required?
 If no, please explain: _____

Yes No Have you signed a non-disclosure or non-compete agreement with a current or past employer?
 If Yes, please explain: _____

Yes No Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?
 If yes, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

EDUCATIONAL BACKGROUND (IF JOB RELATED)			
NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School			
College			
Other			

REFERENCES		
NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	() -	
	() -	
	() -	

EMPLOYMENT HISTORY

From _____ To _____	Employer _____	Telephone (____) _____ - _____
Starting Job Title / Final Job Title _____	Address _____	
Immediate Supervisor and Title _____	Summarize the Nature of the Work Performed and Job Responsibilities. _____	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving _____	Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

From _____ To _____	Employer _____	Telephone (____) _____ - _____
Starting Job Title / Final Job Title _____	Address _____	
Immediate Supervisor and Title _____	Summarize the Nature of the Work Performed and Job Responsibilities. _____	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving _____	Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

From _____ To _____	Employer _____	Telephone (____) _____ - _____
Starting Job Title / Final Job Title _____	Address _____	
Immediate Supervisor and Title _____	Summarize the Nature of the Work Performed and Job Responsibilities. _____	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving _____	Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

From _____ To _____	Employer _____	Telephone (____) _____ - _____
Starting Job Title / Final Job Title _____	Address _____	
Immediate Supervisor and Title _____	Summarize the Nature of the Work Performed and Job Responsibilities. _____	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Reason for Leaving _____	Hourly Rate / Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

SKILLS AND QUALIFICATIONS		
Summarize any training, skills, licenses and / or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.		

APPLICANT STATEMENT		
I hereby authorize this employer to investigate the information I have furnished herein and I release all parties from all liability for any damages that may result from furnishing such information, personal or otherwise to this employer. I also hereby release all parties from any obligation to provide me with written notification of disciplinary actions which may be included in such information. I understand that any false answer or statement made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge and that any employment or job offer is conditional upon passing a medical examination after a job offer has been made if requested. I agree to conform to the rules and regulations of the employer and understand that nothing contained in this employment application is intended to create an employment contract between the employer and myself. I further understand my employment can be terminated with or without cause, and with or without notice at any time by myself or the employer and that wages, benefits and rules and regulations are subject to change by the employer at any time with or without notice to me and nothing contained in any publications or statements to the contrary shall in any way modify the above terms unless a written document signed by an authorized representative of the employer. In partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or termination thereof more than 6 (six) months after the event.		
DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.		
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.		
Signature of Applicant _____	Date ____ / ____ / ____	