

Application for Employment

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.

Please PRINT

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

Other _____

Name _____

Address _____

Telephone _____ Social Security Number _____

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

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status may be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of the U.S. Military service Yes No If Yes, what branch? _____

Indicate Languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): _____

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes No

PLEASE DESCRIBE: _____

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

1) _____ 2) _____ 3) _____

Special Employment Notice to Disable Veterans, Vietnam Era Veterans, and Individuals with physical or Mental handicaps.

Government contractors are subject to 38 USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1

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

2

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

3

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

4

Employer	Telephone	Dates Employed		Work Performed
		From	To	
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.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
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. _____

Applicant's Statement

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

Date: _____ Signature: _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

_____ INTERVIEWER _____ DATE _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____
NAME AND TITLE