

Application For Employment

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			
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 _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number (s)			Social Security Number		Date of Birth

If you are under 18 years of age, can you provide the required proof of your eligibility to work? Yes No

Have you ever applied with us before? Yes No
 If Yes, give date _____

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

Are you currently employed? 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? 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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

References

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

1. _____

2. _____

3. _____

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 job duties you are applying for?

Yes No

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action Program; we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies sometimes require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis of the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

	Current Job	
	Check one: <input type="checkbox"/> Male	<input type="checkbox"/> Female
	Check One Of The Following: (Ethnic Origin)	
	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Black	<input type="checkbox"/> Other
	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian / Pacific Islander
	Check If Any Of The Following Are Applicable	
	<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran
	<input type="checkbox"/> Handicapped Individual	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

Please continue on a separate sheet of paper if you need additional space.

Special Skills and Qualifications

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