



APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, we offer equal access to programs, services and employment to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative from the Human Resources Department.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Position(s) applied for _____ Date ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Social Security Number _____ - _____ - _____ Driver's License Number _____
State Expiration Date

Telephone Number () _____ Best Time to Call _____ AM/PM

May we contact you at Work? Yes No If yes, please provide us you work number () _____

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

Have you filed an application here before? Yes No If yes, please give date ____/____/____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date Available for work ____/____/____ Type of Employment desired Full Time
 Part Time
 Temporary

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

Will you work overtime if required? Yes No Have you ever been bonded: Yes No

Have you ever been arrested or convicted of a felony or a misdemeanor? Yes No

If yes, please explain: _____
 (Please note that a "Yes" answer does not necessarily bar you from employment)

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military

Name of Employer	Name of Supervisor	Employment Dates	Pay or Salary
Address		From ___/___/___	Start
City, State, Zip Code		To ___/___/___	Final
Phone Number	Your last job title:		
Reason for Leaving (please be specific):			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the nature of the work performed and job responsibilities:			

Name of Employer	Name of Supervisor	Employment Dates	Pay or Salary
Address		From ___/___/___	Start
City, State, Zip Code		To ___/___/___	Final
Phone Number	Your last job title:		
Reason for Leaving (please be specific):			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Name of Employer	Name of Supervisor	Employment Dates	Pay or Salary
Address		From ___/___/___	Start
City, State, Zip Code		To ___/___/___	Final
Phone Number	Your last job title:		

Reason for Leaving (please be specific):

May we contact for reference? Yes No Later

Summarize the nature of the work performed and job responsibilities:

Name of Employer	Name of Supervisor	Employment Dates	Pay or Salary
Address		From ___/___/___	Start
City, State, Zip Code		To ___/___/___	Final
Phone Number	Your last job title:		

Reason for Leaving (please be specific):

May we contact for reference? Yes No Later

Summarize the nature of the work performed and job responsibilities:

Comments (including explanation of any gaps in employment):

Skills and Qualifications (please summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and Minor field of study (if applicable)

A. School	B. Years Completed	C. Degree or Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References: List name and telephone number of three (3) business/work references who are not related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business or civic associations and any offices held (exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

List any additional information you would like us to consider.

Please see Application Form Waiver on next page

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

1. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

Initial _____

2. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, organizations for furnishing such information.

Initial _____

3. The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant consideration for employment on a basis prohibited by local, state or federal law.

Initial _____

4. This application is valid for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Initial _____

5. I understand that I am free to resign at any time, likewise, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Initial _____

6. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need to an accommodation that would be required by the ADA. I also understand that for me to be hired, I must be the most qualified individual for the available position, based upon the company's criteria for that position.

Initial _____

Signature of Applicant

Date