

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status 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"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is _____	AM / PM
If you are under 18 years of age, can you provide required proof of eligibility to work? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date _____	
Do any of your friends or relatives, other than spouse, work here? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	
<i>Proof of Citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work _____ / _____ / _____	
What is your desired salary range? _____	
Are you currently on "lay-off" status and subject to recall? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver license? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

REFERENCES

1.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	_____ ()	_____ Phone #
	_____ (Address)		

ADDITIONAL INFORMATION

Other Qualifications

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

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date