

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran 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"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<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 your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

If Yes, state name, relationship and location _____

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.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)
☐ Part Time (Please indicate Mornings Afternoon Evenings)
☐ Temporary (Please indicate dates available ____/____ - ____/____)

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

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

WORK EXPERIENCE

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

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate/Salary
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate/Salary
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate/Salary
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			Hourly Rate/Salary
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.
