

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)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement ____ Friend ____ Relative ____ Walk-In ____
Employment Agency ____ Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

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? _____

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 ____
Day Time ____ Evenings ____ Graveyards ____ Weekends ____

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

Have you been convicted of a felony within the last 7 years? Yes ____ No ____
(Conviction will not necessarily disqualify applicant for employment.) If Yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

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

List professional, trade, business, or civic activities and offices held. Summarize special skills and qualifications acquired from employment or other experience. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled 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 which 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 _____

Education

Honors Received: State any additional information you feel may be helpful to us in considering your application.

	Elementary	High	College/University	Graduate / Professional
School Name				
Years Completed / Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	X X X X			
Describe Course of Study:	X X X X			
Describe specialized training, apprenticeship, skills and extra-curricular activities				

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone ()	Dates From	Employed To	Work performed
	Address				
	Job Title		Hourly Rate / Salary Starting Final		
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Dates From	Employed To	Work performed
	Address				
	Job Title		Hourly Rate / Salary Starting Final		
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ()	Dates From	Employed To	Work performed
	Address				
	Job Title		Hourly Rate / Salary Starting Final		
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ()	Dates From	Employed To	Work performed
	Address				
	Job Title		Hourly Rate / Salary Starting Final		
	Supervisor				
	Reason for Leaving				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes ____ No ____
Remarks

Employed Yes ____ No ____ Date of Employment _____

Job Title _____ Hourly Rate _____ Dept. _____

By _____ Date _____
Name and Title

Position(s) Applied For Is Open: Yes ____ No ____

Position Considered for: _____

Date _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and 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 employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date: _____

Position(s) Applied for: _____

Referral Source: Advertisement ____ Friend ____ Relative ____ Walk-In ____

Employment Agency ____ Other _____

Name: _____ Phone: _____
Last First Middle Area Code

Address: _____
Number Street City State Zip Code

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:

Male ____ Female ____

Check one of the following:

Race/Ethnic Group: White ____ Black ____ Hispanic ____
American Indian/Alaskan Native ____ Asian/Pacific Islander ____

Check if any of the following are applicable:

Vietnam Era Veteran ____ Disabled Veteran ____ Handicapped Individual ____
