

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position (s) applied for:	Date of application
How did you learn about us?	
Advertisement	Friend
Inquiry	Employment Agency
Relative	Other

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

Do you have a valid driver's license?..... Yes / No  
 Best time to contact you at home is:.....:..... A.M / P.M.  
 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? If yes, give date.....  
 Do any of your friends or relatives, other than spouse work here?..... Yes / No  
 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? Proof of citizenship or immigration status will be required upon employment Yes / No  
 Date Available for work..... What is your desired salary range?.....  
 Are you available to work: Full Time..... ( indicate 1 2 3 shift)  
 Part Time..... (indicate Morning, Afternoon, Evenings  
 Temporary..... (indicate dates available.....)  
 Weekends Yes / No  
 Are you currently on "lay-off" status and subject to recall?..... Yes / No  
 Can you travel if a job requires it?..... Yes / No

EDUCATION:					
School	Name & Address	Course of Study	No Of years completed	Year Graduated	Diploma/ Degree
High School					
Undergraduate College					
Graduate / Professional					
Other (Specify)					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT EXPERIENCE : Starting with most recent**

Employer: _____	Dates Employed To                  From	Work Performed
Address: _____		
Telephone Number: _____		
Starting / Present Job Title: _____		
Supervisor: _____	Hourly Rate / Salary	
Reason For Leaving: _____		
May we contact..... Yes / No		

Employer: _____	Dates Employed To                  From	Work Performed
Address: _____		
Telephone Number: _____		
Starting / Present Job Title: _____		
Supervisor: _____	Hourly Rate / Salary	
Reason For Leaving: _____		
May we contact..... Yes / No		

Employer: _____	Dates Employed To                  From	Work Performed
Address: _____		
Telephone Number: _____		
Starting / Present Job Title: _____		
Supervisor: _____	Hourly Rate / Salary	
Reason For Leaving: _____		
May we contact..... Yes / No		

**REFERENCES**      Do not include family members or past supervisors.

Name	Phone Number	Best Time To Call	Occupation

**APPLICANT'S STATEMENT**

I certify that answers herein are true and complete.

I authorize investigation of all statement 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 laws any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and the Employer may discharge Employee at anytime with or without cause. It is further understood that "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