

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 _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone Number _____

Cell Phone Number _____

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? ___ 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 that work here? ___ Yes ___ No
If yes, state name and relationship _____

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 ___ Part Time ___ Temporary

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

Can you travel if the job requires it? ___ Yes ___ No

Do you have a current/valid Driver's License? ___ Yes ___ No

EDUCATION

School	Name of School	Course of Study	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 that indicate race, color, religion, gender, national origin, disability or other protected status.

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

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

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

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

Comments: Include explanation of any gaps in employment.

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

List professional, trade, business or civic activities and offices held. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

ADDITIONAL INFORMATION

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

SPECIALIZED SKILLS List skills of knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, etc.)

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

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.

Are you able to lift up to 100 lbs. with or without reasonable accommodation? Yes No

Are you willing to work weekends during spring and summer? Yes No

Are you willing to work outdoors in all kinds of weather? Yes No

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER