



Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT

Position(s) applied for _____ Date of Application _____

Referral Source Advertisement Employee Friend Relative Walk-In
 Government Employment Agency Private Employment Agency Other

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Email Address _____

Telephone (_____) _____ Best time to call you at home is _____ AM/PM
AREA CODE

Employed now? Yes No May we contact your present employer Yes No May we contact you at work? Yes No

If yes, work number and best time to call _____ (_____) _____ AM/PM
AREA CODE

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

If yes, give dates From _____ To _____

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Date available for work

Type of employment desired..... Full Time Part Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Exclude organization names which indicate for example, race, color, religion, sex, age, disability or national origin.

EMPLOYER	TELEPHONE	DATES EMPLOYED	Summarize the nature of the work performed and job responsibilities:
		FROM TO	
ADDRESS			
JOB TITLE		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		PER	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		PER	

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		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		PER	

Skills & Experience: _____

Honors Received: _____

Educational Background

List last three (3) schools attended, *starting with the last one*. List number of years completed. Indicate degree or diploma earned, if any. List Grade Point Average or Class Rank. List Major and Minor of study (if applicable).

SCHOOL	NO. YRS	DEGREE COMPLETED	GPA DIPLOMA	MAJOR CLASS RANK	MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN

List professional, trade, business or civic associations and any offices held.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards:

List any additional information you would like us to consider:

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Company has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of the Company.

I understand that if you make an offer of employment to me it may be a conditional offer of employment and I may be required to submit to a pre-employment medical exam and to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs and, if the test results identify that I am a current illegal use of drugs, I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration or sixty (60) days, if I have not heard from the Company and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

Signature _____ Date _____

For Personnel Department Use Only

Position(s) Applied For _____ Available _____ Not Available _____

This evaluation must be completed on ALL applicants interviewed for a particular position. Ideally, it should be completed immediately after the applicant leaves the interviewing area, but certainly within 24 hours following the interview.

BE AS OBJECTIVE AS YOU CAN. DO NOT LET CONSIDERATIONS OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, AGE OR DISABILITY INFLUENCE YOUR EVALUATION. THE AMERICANS WITH DISABILITIES ACT MAKES IT UNLAWFUL TO DISCRIMINATE IN EMPLOYMENT AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY. IT IS COMPANY POLICY TO COMPLY WITH THE AMERICANS WITH DISABILITIES ACT.

EEO CLASSIFICATION _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Candidate was hired _____ Yes _____ No _____ Date of Hire _____

Explain your recommendation, be specific in your explanatory comments _____

Interviewer _____ Title _____ Date _____

Second Interviewer _____ Title _____ Date _____
(if applicable)

Reviewed by _____ Title _____ Date _____

Approved _____ Yes _____ No _____