

EMPLOYMENT APPLICATION



Applicants are considered 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.

(PLEASE PRINT)

Position Applied For: _____ Date: _____

How did you learn about us?
 Indeed.com City Website Relative/Friend Employee Advertisement
 Social Media Other: _____

Full Name: _____ SSN: _____
Last First Middle
Address: _____
Street Address Apt/Suite
City State Zip Code
E-Mail (Required): _____ Phone: _____

Best time to contact you is: _____:_____ AM / PM

If you are under 18 years of age, can you provide proof of your eligibility to work?..... Yes No

Have you ever been employed with us before? Yes No
If Yes, please give date? _____

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

Are you currently employed? 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

Have you been convicted of a Felony in the past 10 years? Yes No
If Yes, please explain: _____

Do you have a valid driver's license? Yes No

Are you available to work:
 Full time (Please indicate: 1st 2nd 3rd shift)
 Part Time (Please indicate: Mornings Afternoons Evenings)
 Seasonal (Please indicate dates available ___/___/___ - ___/___/___)

EDUCATION

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

EMPLOYMENT 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, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Employer	Dates Employed		Work Performed
Address	from	to	
Phone #			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	from	to	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	from	to	
Phone #			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	from	to	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	from	to	
Phone #			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	from	to	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	from	to	
Phone #			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	from	to	
Reason for Leaving			

List professional, trade, business, or civic activities and offices held:

You may exclude memberships which would reveal race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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

Describe any job-related training received in the United States Military:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check Skills/ Equipment Operated)

	Product/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Microsoft Suite	_____
<input type="checkbox"/> Keyboarding (WPM _____)	<input type="checkbox"/> Basic Office Equipment	_____
	<input type="checkbox"/> Other	_____

State any additional information you feel may be helpful to us in considering your application

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? (A review of the activities involved in such a job or occupation has been given) Yes No

PROFESSIONAL REFERENCES *(Must list 3)*

1). Full Name: _____ Title: _____

Company: _____ Phone: _____

2). Full Name: _____ Title: _____

Company: _____ Phone: _____

3). Full Name: _____ Title: _____

Company: _____ Phone: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true, honest 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 60 days. Any applicant wishing to be considered for employment beyond the 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 documents 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.

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Each section of this application MUST BE COMPLETED EVEN IF you decide to attach a resume.

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO Initials: _____

ARE YOU WILLING TO CONSENT TO DRUG TESTING? YES NO Initials: _____

SIGNATURE _____ DATE _____

PRINT NAME _____