

# APPLICATION for EMPLOYMENT

(PLEASE PRINT)

**AN EQUAL OPPORTUNITY EMPLOYER** APPLICANTS ARE CONSIDERED FOR ALL POSITIONS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

DATE OF APPLICATION
POSITION(S) APPLYING FOR

## PERSONAL

LAST NAME	FIRST	MIDDLE	HOME PHONE ( )
STREET ADDRESS			BUSINESS PHONE ( )
CITY	STATE	ZIP	SOCIAL SECURITY NO.
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH and YEAR _____ LOCATION _____			ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH and YEAR _____ LOCATION _____			IF UNDER 18 YEARS OF AGE, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME(S) OF RELATIVES, OTHER THAN SPOUSE, EMPLOYED BY U.S. STATE RELATIONSHIP			ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
			ARE YOU ON A LAYOFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO
			HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT)			HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO

## JOB/POSITION

HOW WERE YOU REFERRED TO OUR COMPANY/ORGANIZATION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER _____			
ARE YOU AVAILABLE TO WORK — <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SWING SHIFT <input type="checkbox"/> OVERTIME, IF REQUESTED			HOURS AVAILABLE TO WORK
ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? _____			PAY EXPECTED
WHAT FOREIGN LANGUAGES DO YOU SPEAK, READ, AND/OR WRITE?			
	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			
DO YOU HAVE ANY PHYSICAL, MEDICAL, OR MENTAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THIS POSITION YOU ARE APPLYING FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			CAN YOU TRAVEL, IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN _____			OTHER SPECIAL SKILLS
ARE THERE ANY WORKPLACE ACCOMMODATIONS WHICH WOULD ASSURE BEST POSSIBLE JOB PLACEMENT AND/OR ENABLE YOU TO PERFORM YOUR JOB TO YOUR MAXIMUM CAPABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE _____			
(SEE SPECIAL EMPLOYMENT NOTICE ON PAGE 2 OF THIS APPLICATION)			

# EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NO. COMPLETED YRS.	REC'D DIPLOMA (GRADUATED)	DEGREE	HONORS RECEIVED
ELEMENTARY AND JUNIOR HIGH (NAME ONLY)						
HIGH				<input type="checkbox"/> YES		
				<input type="checkbox"/> NO		
COLLEGE/ UNIVERSITY				<input type="checkbox"/> YES		
				<input type="checkbox"/> NO		
APPRENTICE-SHIP				<input type="checkbox"/> YES		
				<input type="checkbox"/> NO		
SPECIALIZED TRAINING				<input type="checkbox"/> YES		
				<input type="checkbox"/> NO		
OTHER				<input type="checkbox"/> YES		
				<input type="checkbox"/> NO		

# MILITARY

HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DUTIES AND ANY SPECIALIZED TRAINING _____ _____ _____	PERIOD OF ACTIVE DUTY FROM _____ MONTH _____ YEAR TO _____ MONTH _____ YEAR
	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE

## SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA, AND SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH DICTATES THE SAME REQUIREMENTS FOR QUALIFIED HANDICAPPED INDIVIDUALS.

IF YOU ARE A DISABLED VETERAN, OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. ITS PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATIONS TO ENABLE YOU TO PERFORM YOUR JOB IN A PROPER AND SAFE MANNER.

**THIS INFORMATION YOU ARE PROVIDING WILL BE TREATED AS CONFIDENTIAL.** YOUR DECISION NOT TO PROVIDE THIS INFORMATION WILL IN NO WAY JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

PLEASE CHECK APPROPRIATE BOX AND SIGN IF YOU WISH TO BE IDENTIFIED.

DISABLED VETERAN

VIETNAM ERA VETERAN

HANDICAPPED INDIVIDUAL

SIGNED \_\_\_\_\_

# EMPLOYMENT HISTORY

Please give complete and accurate information starting with present or most recent job. Include full- and part-time employment, military service assignments, and volunteer activities. **EXCLUDE** any organization names which indicate race, color, religion, sex, or national origin.

1	COMPANY NAME	DATES EMPLOYED				JOB TITLE	HOURLY RATE/SALARY	
		FROM		TO			STARTING	ENDING
	STREET ADDRESS	MO	YR	MO	YR			
	CITY, STATE, ZIP					WORK DESCRIPTION		
	TELEPHONE NO.							
	SUPERVISOR							
2	COMPANY NAME	DATES EMPLOYED				JOB TITLE	HOURLY RATE/SALARY	
		FROM		TO			STARTING	ENDING
	STREET ADDRESS	MO	YR	MO	YR			
	CITY, STATE, ZIP					WORK DESCRIPTION		
	TELEPHONE NO.							
	SUPERVISOR							
3	COMPANY NAME	DATES EMPLOYED				JOB TITLE	HOURLY RATE/SALARY	
		FROM		TO			STARTING	ENDING
	STREET ADDRESS	MO	YR	MO	YR			
	CITY, STATE, ZIP					WORK DESCRIPTION		
	TELEPHONE NO.							
	SUPERVISOR							
4	COMPANY NAME	DATES EMPLOYED				JOB TITLE	HOURLY RATE/SALARY	
		FROM		TO			STARTING	ENDING
	STREET ADDRESS	MO	YR	MO	YR			
	CITY, STATE, ZIP					WORK DESCRIPTION		
	TELEPHONE NO.							
	SUPERVISOR							
5	COMPANY NAME	DATES EMPLOYED				JOB TITLE	HOURLY RATE/SALARY	
		FROM		TO			STARTING	ENDING
	STREET ADDRESS	MO	YR	MO	YR			
	CITY, STATE, ZIP					WORK DESCRIPTION		
	TELEPHONE NO.							
	SUPERVISOR							

EMPLOYERS LISTED ABOVE MAY BE CONTACTED UNLESS INDICATED OTHERWISE	DO NOT CONTACT EMPLOYER	NUMBER	REASON

## PERSONAL REFERENCES

Please give name, address, and telephone number of 3 references who are not related to you and who are not previous employers.

NAME	ADDRESS	TEL. NO.
NAME	ADDRESS	TEL. NO.
NAME	ADDRESS	TEL. NO.

## AGREEMENT

I hereby certify that the information provided in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that:

- this application is not a contract of employment.
- if employed, any false or misleading statements or any omission of fact made herein or during subsequent interviews, may result in dismissal.
- acceptance of an offer of employment does not create a contractual obligation upon the employer to continue my employment in the future.
- I am required, if employed, to abide by all rules and regulations of the Company.

I authorize any investigation of the information provided in this Application for Employment as may be required in reaching a decision regarding employment. If an investigative consumer reporting agency is engaged to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so that I may obtain from them the nature and substance of the information contained in the report.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## FOR EMPLOYER'S USE ONLY

R E F E R E N C E	NAME/CONTACT	RESULTS

INTERVIEW ARRANGED?  YES  NO

COMMENTS \_\_\_\_\_

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

T E S T I N G	<input type="checkbox"/> YES <input type="checkbox"/> NO	TEST ADMINISTERED	DATE	RATING/SCORE	ANALYSIS/COMMENTS

EMPLOYED?  YES  NO

DATE EMPLOYED \_\_\_\_\_ DATE STARTING \_\_\_\_\_ SALARY/ HOURLY RATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

BY \_\_\_\_\_  
NAME AND TITLE

EMPLOYER BELIEVES THAT THE INFORMATION SOLICITED IN THIS APPLICATION FOR EMPLOYMENT FORM IS IN FULL COMPLIANCE WITH ALL FEDERAL AND STATE EQUAL EMPLOYMENT LAWS AND WITH THE FAIR CREDIT REPORTING ACT. WE ASSUME NO RESPONSIBILITY FOR THE APPLICANT'S INCLUSION OF ANY QUESTIONS WHICH MAY VIOLATE FEDERAL, STATE, OR LOCAL LAWS.