



APPLICATION FOR EMPLOYMENT

NAME _____ Email _____
FIRST M.I. LAST

PRESENT ADDRESS _____

 CITY STATE ZIP CODE PHONE NUMBER (____) _____

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, HEIGHT, WEIGHT, UNFAVORABLE DISCHARGE FROM MILITARY SERVICE OR NON-JOB-RELATED HANDICAP OR DISABILITY.

GENERAL INFORMATION

HAVE YOU EVER APPLIED TO THIS OR ANY DIVISION OF THIS COMPANY BEFORE? YES ___ NO ___

IF YES, STATE WHEN AND WITH WHICH DIVISION YOU APPLIED? _____

HOW WERE YOU REFERRED FOR EMPLOYMENT? _____

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DIVISION: _____

POSITION(S) APPLYING FOR: _____ FULL TIME ___ PART TIME ___

IF PART TIME, SPECIFY DAYS AND HOURS: M ___ T ___ W ___ TH ___ F ___ HOURS AVAILABLE: _____

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A VALID VISA AND/OR PROOF OF IMMIGRATION STATUS CERTIFYING YOUR IMMIGRATION STATUS? *PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT: BIRTH CERTIFICATE, ALIEN REGISTRATION CARD, SOCIAL SECURITY CARD, DRIVERS LICENSE (TWO PIECES OF ID).*
 YES ___ NO ___

ARE YOU AT LEAST 18 YEARS OF AGE AND CAN YOU PROVIDE PROOF OF ELIGIBILITY? YES ___ NO ___

DO YOU HAVE THE ABILITY TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? _____

IF NOT, WHAT ACCOMMODATION MIGHT YOU REQUIRE? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	GRADUATED? (YES OR NO)	MAJOR SUBJECTS?
HIGH SCHOOL			
TRADE, BUSINESS OR CORRESPONDENCE			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

ACTIVITIES: CIVIC, ACADEMIC, ETC.: _____

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, DISABILITY, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

1. EMPLOYER _____ ADDRESS _____ PHONE _____ POSITION _____ SUPERVISOR _____ STARTING DATE _____ STARTING SALARY \$ _____ WORK PERFORMED _____ LEAVING DATE _____ ENDING SALARY \$ _____ REASON FOR LEAVING _____
2. EMPLOYER _____ ADDRESS _____ PHONE _____ POSITION _____ SUPERVISOR _____ STARTING DATE _____ STARTING SALARY \$ _____ WORK PERFORMED _____ LEAVING DATE _____ ENDING SALARY \$ _____ REASON FOR LEAVING _____
3. EMPLOYER _____ ADDRESS _____ PHONE _____ POSITION _____ SUPERVISOR _____ STARTING DATE _____ STARTING SALARY \$ _____ WORK PERFORMED _____ LEAVING DATE _____ ENDING SALARY \$ _____ REASON FOR LEAVING _____
4. EMPLOYER _____ ADDRESS _____ PHONE _____ POSITION _____ SUPERVISOR _____ STARTING DATE _____ STARTING SALARY \$ _____ WORK PERFORMED _____ LEAVING DATE _____ ENDING SALARY \$ _____ REASON FOR LEAVING _____

OTHER QUALIFICATIONS (SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EDUCATION, TRAINING, EMPLOYMENT OR OTHER EXPERIENCE): _____

PERSONAL REFERENCES

PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE 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.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE 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 MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

I UNDERSTAND THAT USE, POSSESSION OR SALE OF ALCOHOL OR ILLEGAL SUBSTANCES IN THE WORK PLACE MAY BE CAUSE FOR IMMEDIATE TERMINATION AND HEREBY AGREE TO BE TESTED FOR USE OF ALCOHOL OR ILLEGAL SUBSTANCES UPON REQUEST OF THIS COMPANY.

SIGNATURE OF APPLICANT

DATE