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| Position(s) Applied for  Click here to enter text. | | | | Date  Click here to enter text. |
| How did you learn about us?  Click here to enter text. | | | | |
| Last Name  Click here to enter text. | First Name  Click here to enter text. | | Middle Name  Click here to enter text. | |
| Address Street  Click here to enter text. | | City, State, Zip Code  Click here to enter text. | | |

If you are under 18 years of age, can you provide required  Yes  No

proof of your eligibility to work?

Have you ever filed an application with us before?  Yes  No

If Yes, give date Click here to enter text.

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

Are you currently employed?  Yes  No

May we contact your employer?  Yes  No

Are you prevented from lawfully becoming employed in this

country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*  Yes  No

Date available for work Click here to enter a date. What is your desired salary range? Click here to enter text.

Are you available to work:  Full-Time (  1st  2nd  3rd shift )

Part-Time (  Mornings  Afternoons  Evenings)

Are you currently on a “Lay-Off” status and subject to recall?  Yes  No

Can you travel if the job requires it? Yes  No

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name and Address  Of School | Course of Study | Number of  Years  Completed | Diploma  Degree |
| Elementary  School |  |  |  |  |
| High School |  |  |  |  |
| Undergraduate  College |  |  |  |  |
| Graduate  Professional |  |  |  |  |
| Other  (Specify) |  |  |  |  |

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

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

**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, gender, national origin,**

**Disabilities or other protected status.**

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| **Employer**  Click here to enter text. | | **From**  Click here to enter text. | | **To**  Click here to enter text. |
| **Address** Click here to enter text. | | | **Work performed** Click here to enter text. | |
| **Telephone Number(s)** Click here to enter text. | | | Click here to enter text. | |
| **Job Title**Click here to enter text. | **Supervisor**Click here to enter text. | | Click here to enter text. | |
| **Reason For Leaving**Click here to enter text. | | | | |

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| --- | --- | --- | --- | --- |
| **Employer**  Click here to enter text. | | **From**  Click here to enter text. | | **To**  Click here to enter text. |
| **Address** Click here to enter text. | | | **Work performed** Click here to enter text. | |
| **Telephone Number(s)** Click here to enter text. | | | Click here to enter text. | |
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| **Address** Click here to enter text. | | | **Work performed** Click here to enter text. | |
| **Telephone Number(s)** Click here to enter text. | | | Click here to enter text. | |
| **Job Title** Click here to enter text. | **Supervisor** Click here to enter text. | | Click here to enter text. | |
| **Reason For Leaving** Click here to enter text. | | | | |

**If you need additional space please continue on separate sheet of paper.**

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| **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**

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

**SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)**

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| --- | --- |
| **Terminal  Spread Sheet**  **PC/MAC  Word Processing**  **Typewriter  Shorthand** | **Production/Mobile Machinery (list):**  **Other (List):** |

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

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| **Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**  Can you perform the essential functions of the job for which you are applying either with or without a  reasonable accommodation?  YES  NO |

**REFERENCES**

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| **1. Name:** Click here to enter text. **Phone #** Click here to enter text.  **Address:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. Name:** Click here to enter text. **Phone #** Click here to enter text.  **Address:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3. Name:** Click here to enter text. **Phone #** Click here to enter text.  **Address:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4. Name:** Click here to enter text. **Phone #** Click here to enter text.  **Address:** Click here to enter text. |

**APPLICANT’S STATEMENT**

**I certify that the 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 the 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 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.**

**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.**

**Signature of Applicant:** Click here to enter text.

**Date:** Click here to enter a date.

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| **FOR PERSONNEL DEPARTMENT USE ONLY** |

**Arrange Interview  YES  NO**

**Remarks:** Click here to enter text.

Click here to enter text.

**Employed  YES  NO Date of Employment:** Click here to enter a date.

**Job Title:** Click here to enter text. **Hourly Rate/Salary:** Click here to enter text.

**Department:** Click here to enter text.

**By:** Click here to enter text. **Date:** Click here to enter a date.