

# Application For Employment

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.**

(PLEASE PRINT)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us:  Advertisement \_\_\_\_\_  Friend  Walk-in  
(Publication)  
 Employment Agency  Relative  Other \_\_\_\_\_

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

**Have you ever filed an application with us before:**  Yes  No  
If Yes, give date: \_\_\_\_\_

**Have you ever been employed with us?**  Yes  No  
If Yes, give date: \_\_\_\_\_

**Are you currently employed?**  Yes  No

**May we contact your present employer?**  Yes  No

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?**  Yes  No

**On what date would you be available to work? \_\_\_\_\_**  Yes  No

**Are you available to work:**  Full Time  Part Time  Temporary  
If applying for Part-Time – number of hours per week: \_\_\_\_\_

**Are you currently on “lay-off” status and subject to recall?**  Yes  No

Last Name

First Name

<b>EDUCATION</b>	High School	Undergraduate College/University	Graduate/ Professional
SCHOOL NAME			
LOCATION			
Circle Years Completed	<b>9    10    11    12</b>	<b>1    2    3    4</b>	<b>1    2    3    4</b>
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, Apprenticeship, skills and extra-curricular activities.

Describe any honors you received.

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

**Indicate any foreign languages you can speak, read and/or write.**

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**List professional, trade, business or civic activities and offices held.**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

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**References**

**Give name, address and telephone number of three references who are not related to you and are not previous employers.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

**Have you ever had a job-related training in the United States military?**

Please circle:    Yes    No

**If Yes, please describe:** \_\_\_\_\_

**Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other selected status.**

Dates Employed M/D/YR

EMPLOYER	From:	To:	WORK PERFORMED
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Job Duties:			
Reason for Leaving:			

EMPLOYER	From:	To:	WORK PERFORMED
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Job Duties:			
Reason for Leaving:			

EMPLOYER	From:	To:	WORK PERFORMED
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Job Duties:			
Reason for Leaving:			

EMPLOYER	From:	To:	WORK PERFORMED
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Job Duties:			
Reason for Leaving:			

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

**Special Skills and Qualifications**

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

## **Applicant's Statement**

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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.

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 otherwise defined by applicable law, an 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 document or by conduct unless such change is specifically acknowledged in writing by the President/CEO of the employer.**

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

\_\_\_\_\_  
Date

