

Employment Application

Office Use Only

DEPT. CODE:

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Wages Desired	Date Of Application		
How Did You Learn About Us?	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Maiden Name (if applicable)	
Address	Street	City	State	Zip Code
Telephone Number	Alternate Phone Number	Social Security Number		

If you are under 18 years of age, can you provide proof of eligibility to work? YES NO

Have you ever filed an application with us before? YES NO If "YES", date: _____

Have you ever been employed with us before? YES NO If "YES", date: _____

Are you currently employed? YES NO If "YES", may we contact employer? 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.

Are you immediately available for employment? YES NO If "NO", when: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If "YES", please explain: _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? If "YES", please describe what can be done to accommodate your limitation? YES NO

In case of EMERGENCY, notify: (Name) _____ (Phone No.) _____

Education

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

Employment Experience

Start with your present or last job. Include any job-related military service assignments.

1.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
Supervisor		Phone No. & Ext.		Reason for Leaving	
2.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
Supervisor		Phone No. & Ext.		Reason for Leaving	
3.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
Supervisor		Phone No. & Ext.		Reason for Leaving	
4.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final		
Supervisor		Phone No. & Ext.		Reason for Leaving	

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

References

List persons who have known you for at least three years. (Do not include relatives or those in your household.)

Name 1.	Occupation	Phone Number
Address		
Name 2.	Occupation	Phone Number
Address		
Name 3.	Occupation	Phone Number
Address		

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.

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, 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 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(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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Notes: _____
Remarks	_____		Interviewer _____ Date _____
Employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Employment: _____
Job Title	_____	Hourly Rate/Salary	_____ Department _____
By (Name & Title):	_____		Date: _____
Additional Notes: _____			