



Position(s) Applied For:		Date of Application:	
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In(Sign) <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other			
Last Name	First Name	Middle Initial	Social Security Number
Address: number/street		City	State      Zip
Telephone: Home:		Cell:	Email:

Have you ever filed an application with us before?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been employed by us before?	<input type="radio"/> Yes <input type="radio"/> No
Are you currently employed?	<input type="radio"/> Yes <input type="radio"/> No
May we contact your present employer?	<input type="radio"/> Yes <input type="radio"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you available for work immediately?    Yes    No    If not, on what date are you available?	
Are you currently on lay-off status and subject to recall?	<input type="radio"/> Yes <input type="radio"/> No
Can you travel if a job requires it?	<input type="radio"/> Yes <input type="radio"/> No
Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. If yes, please explain:	<input type="radio"/> Yes <input type="radio"/> No

	Elementary School	High School	Undergraduate/ College or University	Graduate/Professional
School Name				
Years Completed				
Describe special training, skills etc.				
Describe any honors received.				
State any additional information that might be helpful.				

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

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and office(s) held. (You may exclude memberships which would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.)


**References**

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

1.
2.
3.

Have you ever had any job-related training in the United States military? If yes, please describe:

Are you physically or otherwise unable to perform the duties for which you are applying?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to stoop, bend, squat or twist while lifting 50 pounds?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to perform the essential functions of the job for which you are applying with/without reasonable accommodations?	<input type="radio"/> Yes <input type="radio"/> No
If no, describe the functions that cannot be performed with/without reasonable accommodations.	

**Employment Experience:** Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.)

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	
Job Title:			
Reason for Leaving:			

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	
Job Title:			
Reason for Leaving:			

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	
Job Title:			

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

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 that may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time 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, 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 Employees 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 an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in the 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.

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Signature of Applicant

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Date