

APPLICATION FOR EMPLOYMENT



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

(Please Print)

Position Applied For:		Date of Application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip
Telephone Number(s)	Home	Work
		Other
Social Security Number (optional – will remain private)	Your Employment may involve occasional use of a public vehicle. Do you have a valid Driver's License? If, so License # _____	

Best time to contact you at home is: _____:_____ am/pm

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? If yes, give date _____ Yes No

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

If Yes, state name, relationship and location _____

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

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate: Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have the required licenses(s) to perform job? Yes No

Please List: _____

Education

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

Work Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments:

Include explanation of any gaps in employment.

