

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, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For _____ Date of Application _____

Referral Source: Advertisement Friend Relative Walk-in Employment Agency

Other _____

Name _____ Social Security No. _____

 Last First Middle

Address _____

 Number Street City State Zip Code

Telephone (____) _____ How long at present address? _____

 Area Code

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Are you a Veteran of the U.S. Military Service? YES NO

If Yes, Branch of Service _____

Have you ever been employed with us before? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you on a lay-off and subject to recall? YES NO

Are you available to work: Full Time Part Time Temporary

Have you filed a workmen's compensation claim in the past 5 years? _____

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS FOR REFERENCES:

<u>NAME IN FULL</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>

EDUCATION:

	NAME OF SCHOOL	LOCATION CITY, ST	YEARS COMPLETED	YEAR GRADUATED	DEGREE/ STUDY
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER (SPECIFY)					

DESCRIBE SPECIALIZED TRAINING OR ANY SKILLS:

OTHER QUALIFICATIONS:

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

EMPLOYMENT EXPERIENCE

Begin with present or most recent employment.

Employer: _____	Address: _____
Date Employed: _____ From To	Hourly Rate/Salary _____ Start Final
Job Title: _____	Supervisor: _____
Work Performed/duties: _____	
Reason for Leaving: _____	

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Date Employed: _____ From To	Hourly Rate/Salary _____ Start Final
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Employer: _____	Address: _____
Date Employed: _____ From To	Hourly Rate/Salary _____ Start Final
Job Title: _____	Supervisor: _____
Work Performed/duties: _____	
Reason for Leaving: _____	

STATEMENT:

I certify that my statements and answers to the foregoing are true and complete to the best of my knowledge. In the event of employment I understand that false or misleading information given in my application or interview(s) is sufficient cause for discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

Signature of applicant

Date