

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____

Address: _____

Telephone #: () _____ Cellular # () _____ Email Address: _____

Position(s) applied for: _____ Date of application: _____

Referral Source: (Please check the appropriate category and list the source.)

- Walk-in _____
- Employee _____
- Advertisement _____
- Company's Website _____
- Other Internet _____

- School _____
- Job Fair _____
- Staffing Agency _____
- Government
Employment Agency _____
- Other _____

If necessary, best time to call you is _____ AM / PM
 Home Cellular/Other

Will you work overtime if required? Yes No
If no, please explain: _____

May we contact you at work? Yes No
If yes, work number and best time to call:
() _____ AM / PM

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

If you are under 18 and it is required, can you furnish a work permit?
 Yes No
If no please explain: _____

Have you submitted an application here before?
 Yes No
If yes, give date(s) and position(s): _____

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Have you ever been employed here before?
 Yes No
If yes, give dates and positions: _____

Have you ever been bonded? Yes No

Are you legally eligible for employment in this country
 Yes No
Date available for work _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?
 Yes No

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

If yes, please explain _____

Type of employment desired: Full-Time Part-Time
 Educational Co-op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Employment History

Starting with your most recent employer, provide the following information.

<i>Employer</i>	<i>Telephone#</i>	
_____	(_____)	
<i>Street Address</i>	<i>City</i>	<i>State</i>
_____	_____	_____
<i>Starting job title/final job title</i>		

<i>Immediate supervisor and title (for most recent position held)</i>		

<i>Why did you leave?</i>		

<i>Summarize the type of work performed and job responsibilities.</i>		

<i>What did you like most about your position?</i>		

<i>What were the things you liked least about the position?</i>		

Dates Employed:

May we contact for reference?
 Yes No

<i>Employer</i>	<i>Telephone#</i>	
_____	(_____)	
<i>Street Address</i>	<i>City</i>	<i>State</i>
_____	_____	_____
<i>Starting job title/final job title</i>		

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<i>What were the things you liked least about the position?</i>		

Dates Employed:

May we contact for reference?
 Yes No

<i>Employer</i>	<i>Telephone#</i>	
_____	(_____)	
<i>Street Address</i>	<i>City</i>	<i>State</i>
_____	_____	_____
<i>Starting job title/final job title</i>		

<i>Immediate supervisor and title (for most recent position held)</i>		

<i>Why did you leave?</i>		

<i>Summarize the type of work performed and job responsibilities.</i>		

<i>What did you like most about your position?</i>		

<i>What were the things you liked least about the position?</i>		

Dates Employed:

May we contact for reference?
 Yes No

Employment History (continued)

Explain any gaps in your employment, other than those due to family medical leave, personal illness, injury or disability: _____

If not addressed on previous page, have you even been fired or asked to resign from a job? Yes No
 If yes, please explain: _____

Skills and Qualification

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (check appropriate boxes. Include software titles and years of experience)

- | | |
|--|---|
| <input type="checkbox"/> Work Processing _____ Years _____ | <input type="checkbox"/> Internet _____ Years _____ |
| <input type="checkbox"/> Spreadsheet _____ Years _____ | <input type="checkbox"/> Other _____ Years _____ |
| <input type="checkbox"/> Presentation _____ Years _____ | <input type="checkbox"/> Other _____ Years _____ |
| <input type="checkbox"/> E-mail _____ Years _____ | <input type="checkbox"/> Other _____ Years _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.
 In not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of years known

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, and gathering information in a lawful manner in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, sexual orientation, gender identity, or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, sexual orientation, gender identity, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I Certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

