APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLE	EASE PRINT)			
Position(s) Applied For			Date o	of Application	n
How Did You Learn About Us? Advertisement Employment Agency	□ Relative □ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle Nai	ne	
Address Number S	treet	City	State	Ziį	o Code
Telephone Number(s)			Social Security Nu	mber (Volun	tary)
Best time to contact you at ho	me is:			·	AM PM
If you are under 18 years of ag proof of your eligibility to won		required		□ Yes	□ No
Have you ever filed an applica	tion with us before	??		□ Yes	□ No
		If Yes, give date		-	
Have you ever been employed	with us before?			□ Yes	□ No
If Yes, give date					
Do any of your friends or rela	tives, other than sp	ouse, work here?		□ Yes	□ No
Are you currently employed?.				□ Yes	□ No
May we contact your present of	employer?			□ Yes	□ No
Are you prevented from lawfu country because of Visa or Im Proof of citizenship or im	migration Status?		nployment	□ Yes	□ No
Date available for work/_	/ What is y	your desired salary ra	nge?		
Are you available to work:	\Box Full-Time	(please indicate 1	2 3 shift)		
	□ Part-Time	(please indicate M	ornings Afterno	on Eveni	ngs)
	☐ Temporary	(please indicate da	tes available/		/)
Are you currently on "lay-off"	status and subject	to recall?	•••••	□ Yes	□ No
Can you travel if a job require	s it?			□ Yes	□ No

EDUCATION

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

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Describe any job-related training received in the United States military.	

EMPLOYMENT EXPERIENCE

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

1.	Employer			mployed	Work Performed
	Address		From	То	
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor	Starting	Tinai	
	Reason for Leaving				
2.	Employer		Dates E	mployed To	Work Performed
	Address		Trom		
	Telephone Number(s)		Hourly R Starting	ate/Salary.	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates E	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving		The state of the same and a second		
4.	Employer		Dates E	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
	If you need	d additional space, p	olease continue o	n a separat	te sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualification	<u>.s</u>		
Summarize special job-re	elated skills and qualifica	tions acquired from em	ployment or other experience.
PECIALIZED SKILLS	CHECK SKILLS/	EQUIPMENT OPERATE	ED)
		Production/Mobile	
Terminal	Spreadsheet	Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		
lote to Applicants: DO N	OT ANSWER THIS QUE	ESTION UNLESS YOU I	HAVE BEEN
NFORMED ABOUT THE	E REQUIREMENTS OF	THE JOB FOR WHICH	YOU ARE APPLYING.
Can you perform the esse easonable accommodation		o, for which you are app _YESNO	lying, either with or without a
EFERENCES			
		(_)
	(Name)		Phone #
	(Address)		
		()
	(Address) (Name)	() Phone #
			_)
	(Name) (Address)	() Phone #
3	(Name) (Address)) Phone #

DATE:
/

Position(s) Applied For Is Open:

Yes No

Position(s) Considered For:

Date ____

FOR PERSONNEL DEPARTMENT USE ONLY

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

Signature of Applicant

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.

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.

	FOR PERSONNEL DEPARTMENT USE ONLY
Arrange Interview	□ Yes □ No
Remarks	
Employed □ Yes	INTERVIEWER DATE On No. Date of Employment
Employed □ Yes	□ No Date of Employment
Employed □ Yes Job Title	

Date