

# 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
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Home Telephone Number	Email Address	
Cell #		

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?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

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.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

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

Can you travel if a job requires it?  Yes  No

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

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

Indicate the foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

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# 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.

Organization Name and Address	Employment Dates		Position Held & Description of Duties
Employer	From	To	Your Title
Street Address			Your Job Duties
City State Zip/Postal Code			
Supervisor Name Title & Phone			
Reason for Leaving			
May we contact this employer for a reference?			
Organization Name and Address	Employment Dates		Position Held & Description of Duties
Employer	From	To	Your Title
Street Address			Your Job Duties
City State Zip/Postal Code			
Supervisor Name Title & Phone			
Reason for Leaving			
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Organization Name and Address	Employment Dates		Position Held & Description of Duties
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Employer	From	To	Your Title
Street Address			Your Job Duties
City State Zip/Postal Code			
Supervisor Name Title & Phone			
Reason for Leaving			
May we contact this employer for a reference?			

If you need additional space for employment experience, please continue on a separate 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:*

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## Additional Information

**Other Qualifications** Summarize special job-related skills and qualification acquired from employment or other experience.

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**Specialized Skills** Check skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Microsoft Word	Production/Mobile: Machinery (list)	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel	_____	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> SAP	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> IBM Maximo	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_YES      \_\_\_\_\_NO

## References

1.	_____ ( ) _____
	Name Phone #
	_____
	Address
2.	_____ ( ) _____
	Name Phone #
	_____
	Address
3.	_____ ( ) _____
	Name Phone #
	_____
	Address

# 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 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 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

**To the maximum extent permitted by applicable law, Employee waives the right or ability to be a class or collective action representative or to otherwise participate in any putative or certified class, collective or multi-party action or proceeding in which the Company is a party. Employee expressly acknowledges that any claim Employee may choose to file against the Company in a court of law must be filed on an individual basis.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview:  Yes  No

Interview Date: \_\_\_\_\_

Position(s) Applied for is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

Position Offered:  Yes  No

Hourly Rate/Salary Offered: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department/Station: \_\_\_\_\_

Start Date: \_\_\_\_\_

## NOTES

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