

APPLICATION FOR EMPLOYMENT



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _ _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

If hired, can you furnish proof you are legally entitled to work in the United States? Yes No

On what date would you be available to work? _____

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. All information should be completed and reasons for any time lapse should be noted.

1	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
2	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
3	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
4	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					
5	Employer	Telephone	Dates Employed		WORK PERFORMED
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
Reason for Leaving					

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employees.

EDUCATION

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

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

Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

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. I understand that this application is not and is not intended to be a contract of employment. I further understand said background check may also involve the Company's obtaining an investigative consumer report on me which may cover such areas as my character, general reputation and mode of living.

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 Company.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
Name and Title Date