



## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(PLEASE PRINT)**

Position(s) Applied for _____		Date of Application _____
Best time to contact you is: _____ : _____ AM or PM		
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Inquiry _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other _____		
Last Name: _____	First Name: _____	Middle Name: _____
Address: <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s) _____		Last 4 of Social Security Number _____
Email Address _____		

Are you 18 years of age or older?.....	( ) Yes	( ) No
Can you provide proof of your eligibility to work in the United States?.....	( ) 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 _____		
Do any of your friends or relatives, other than spouse, work here?.....	( ) Yes	( ) No
Are you currently employed?.....	( ) Yes	( ) No
May we contact your present employer?.....	( ) Yes	( ) No
Do you have reliable transportation?.....	( ) Yes	( ) No
Are you a veteran of the U.S. Military?.....	( ) Yes	( ) No
Are you available to work:	( ) Full-Time	
	( ) Temporary	
Date available to start work _____ / _____ / _____	What is your desired salary range? _____	
Are you currently on "lay-off" status and subject to recall?.....	( ) Yes	( ) No
Can you travel if a job requires it?.....	( ) Yes	( ) No
Are you able to work in an outdoor environment?.....	( ) Yes	( ) No



# 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, disability or other protected status.

<b>1</b>	<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)			
	Job Title		Supervisor	
	Reason for leaving			

<b>2</b>	<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)			
	Job Title		Supervisor	
	Reason for leaving			

<b>3</b>	<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)			
	Job Title		Supervisor	
	Reason for leaving			

<b>4</b>	<b>Employer</b>	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)			
	Job Title		Supervisor	
	Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

# ADDITIONAL INFORMATION

## Other Qualifications

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


## SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Word Processor	_____	_____
<input type="checkbox"/> PC/MAC	_____	_____
<input type="checkbox"/> MS Word	_____	_____
<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Power Point	_____	_____

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


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS 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 review of the activities involved in such a job or occupation has been given.

\_\_\_Yes \_\_\_No

## REFERENCES

1	( )	-
Name		Phone #
Address		
2	( )	-
Name		Phone #
Address		
3	( )	-
Name		Phone #
Address		

# APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application to 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 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted for 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 an 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview     Yes     No

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed     Yes     No

Date of Employment \_\_\_\_\_

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

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

Department: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

# INVITATION to IDENTIFY for EQUAL OPPORTUNITY EMPLOYMENT PURPOSES

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Equal Opportunity Employment Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with Applicable Law.

Last Name:	First Name:	Middle Name:
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Position Applied For:	Date:
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**PLEASE CHECK ONE:**

Male
  Female

Please Indicate the Appropriate Race/Ethnic Group:

White Black/African American American Indian or Alaskan Native	Asian Hispanic or Latino
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How were you Referred to this Job:

Advertisement/Newspaper Current Employee Referral Employment Agency Government Agency Other (Please Specify) _____	School/College Current/Former Employee Temporary Agency Walk In
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Do you have any disabilities, mental or physical, ie. learning disability, deafness, legal blindness?

Yes
  No

If yes, please explain: \_\_\_\_\_

If you are a Veteran please check all that applies:

U. S. Veteran  
 Disabled Veteran  
 Other Protected Veteran \*  
 Armed Forces Service Medal Veteran\*\*  
 Recently Separated Veteran\*\*\*

\*Other Protected Veteran - served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

\*\*Armed Forces Service Medal Veteran - while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

\*\*\*Recently Separated Veteran - during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service,