Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| Position(s) Applied For | | | Date of Applicatio | n |
|--|---------------------|--|--------------------|---------------|
| How Did You Learn About Us? Advertisement Employment Agency | ☐ Friend ☐ Relative | ☐ Walk-In ☐ Other | | |
| Last Name | Firs | t Name | Middle Name | |
| Address Number | Street | City | State | Zip Code |
| Telephone Number (s) | | Social Se | curity Number | Date of Birth |
| If you are under 18 years of ag proof of your eligibility to won | | e the required | | ☐ Yes ☐ No |
| Have you ever applied with us | before? | | If Yes, give date | ☐ Yes ☐ No |
| Have you ever been employed | with us before? | | If Yes, give date | ☐ Yes ☐ No |
| Are you currently employed? | | | | □ Yes □ No |
| May we contact your present e | employer? | | | ☐ Yes ☐ No |
| Are you prevented from lawfu country because of Visa or Improof of citizenship or improved the country because of Visa or Improved the country because of Visa or Improved the Country because the country because of Visa or Improved the Visa or Improved the Visa or Improved the Visa or I | migration Status? | ployed in this required upon employment. | | □ Yes □ No |
| On what date would you be av | | required apon employment. | | |
| Are you available to work: | □Full-Tir | me Part-time | ☐ Shift Work ☐ | Temporary |
| Are you currently on "lay-off" | status and subjec | t to recall? | | ☐ Yes ☐ No |
| Can you travel if a job requires | s it? | | | ☐ Yes ☐ No |
| | | | | |
| | | | | |

Education

| | | Elementary Sch | | High School | | | | Undergraduate College / University | | | | Graduate/ Professional | | |
|--|---|----------------|-----|-------------|----|-------|------|---------------------------------------|---|---|---|---------------------------|---|---|
| School Nan | ne and Location | | | | | | | | | - | | | | |
| Yea | rs Completed | 4 5 6 | 7 8 | 9 | 10 | 11 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Dip | loma / Degree | | | | | | | | | | | • | | |
| Describe Co | ourse of Study | | | | | | | | | | | | | |
| training, ap | y specialized prenticeship, ktra-curricular | | | | | | • | | | | | | | |
| Describe ar | | | | | | | | | | | | | | |
| information helpful to u | ate an additional formation you feel may be lpful to us in considering ur application | | | | | | | | | | | | | |
| Indicate any foreign languages you can speak, read and/or write | | | | | | | | | | | | | | |
| | FLUENT | | | GOOD | | | FAIR | | | | | | | |
| SPEAK | | | | | | | | | | | | | | |
| READ | | | | | | | | | | | | | | |
| WRITE | | | | | | | | | | | | | | |
| List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other Protected status: | | | | | | | | | | | | | | |
| Refer | ences | | | | | | | | | | | | | |
| Give the name, address, and telephone number of three references who are not related to you and are not previous employers. 1. 2. 3. | | | | | | | | | | | | | | |
| Have you ever had any job-related training in the United States military? ☐ Yes ☐ No | | | | | | | | | | | | | | |
| If Yes, please describe | | | | | | | | | | | | | | |
| Are you physically or otherwise unable to perform the job duties you are applying for? 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 that indicate race, color, religion, gender, national origin, handicap, or other protected status.

| Employer | Dates E | mployed | W 1 D 2 | | |
|--|------------------|--------------|-------------------------|--|--|
| Address | From | То | Work Performed | | |
| Telephone Number(s) | | | | | |
| | | | | | |
| Job Title Supervisor | | | | | |
| Reason for Leaving | | | | | |
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| Please continue on a separate sheet of paper | r if you need | additional s | pace. | | |
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| Special Skills and Qualifications summarize special job-related skills and qualification | ons acquired fro | m employmer | nt or other experience. | | |
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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 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. It is further understood that his "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 of Applicant | Date | |
|------------------------|------|--|
|------------------------|------|--|

| FOR PERSONNEL DEPARTMENT USE ONLY | | | | | | |
|-----------------------------------|----------|-----------------------------|-------------|------|--|--|
| Arrange Interview | □Yes | □No | | | | |
| Remarks | | | | | | |
| | | | INTERVIEWER | DATE | | |
| Employed DY | Yes □ No | Date of Emp Hourly Rate/ | ployment | | | |
| Job Title | | • | Department | | | |
| | By | | | | | |
| | | NAME AND TITLE | | DATE | | |
| NOTES | | | | | | |