



Position(s) Applied For:		Date of Application:	
How did you learn about us?			
Advertisement	Friend	Walk In(Sign)	Employment Agency
Relative	Other		
Last Name	First Name	Middle Initial	Social Security Number
Address: number/street		City	State
			Zip
Telephone:			
Home:	Cell:	Email:	

Have you ever filled an application with us before?	Yes	No
Have you ever been employed by us before?	Yes	No
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
Are you available for work immediately?	Yes	No
If not, on what date are you available?		
Are you currently on lay-off status and subject to recall?	Yes	No
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 an applicant from employment. If yes, please explain:		

	Elementary School	High School	Undergraduate/ College or University	Graduate/Professional
School Name				
Years Completed				
Describe special training, skills etc.				
Describe any honors received.				
State any additional information that might be helpful.				

Indicate any foreign languages you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and office(s) held. (You may exclude memberships which would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.)

References

Give the name, address, and telephone number of three references that 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? If yes, please describe:

Are you physically or otherwise unable to perform the duties for which you are applying?	Yes	No
Are you able to stoop, bend, squat or twist while lifting 50 pounds?	Yes	No
Are you able to perform the essential functions of the job for which you are applying with/without reasonable accommodations?	Yes	No
If no, describe the functions that cannot be performed with/without reasonable accommodations.		

Employment Experience: Start with your present or last job. Include ant job-related military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.)

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:			
Reason for Leaving:			

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:			
Reason for Leaving:			

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:			
Reason for Leaving:			

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 that 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, 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 Employees 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 an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in the 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

