Company Name:					
A	Application for	Employ	ment		
We consider applicants for all positions without marital or veteran status, sexual orientation or				ational origi	n, age, disability,
	(Please I	Print)			
Position(s) Applied For	Shift Available to		ht	Date of Application	
How Did You Learn About Us? Advertisement Warn Friend / Relative	alk In	Employme Other			
Last Name First Name			Middle Name		
Last Name First Name	e		Middle Name		
Address Number S	Street		City	State	Zip Code
Telephone Number(s)		Social Security	y Number:		Position
If you are under 18 years of age, can you provide r proof of your eligibility to work?	required		Yes [□ No	ion
Have you ever filed an application with us before?	•		Yes If yes, give date	□ No	
Have you ever been employed with us before?			Yes [If yes, give date	No	
Are you currently employed?			Yes	\square_{No}	
Pay expected \$/hour \$	/year				
Are you prevented from lawfully becoming emplo Proof of citizenship or immigration status will be	yed in this country becau required upon employme	use of Visa or ent Ye	Immigration StatesNo	tus?	Date
On what date would you be available for work?					
Are you available to work: Full Time	Part Time Shift	ft Work	Temporary		
Are currently on "lay-off" status and subject to rec Will you work overtime if asked? Have you been convicted of a felony within the las Conviction will not necessarily disqualify an app	st 7 years?		Yes [] Yes [] Yes [No No No	
If yes, please explain					

Education

	Name and Address of School	Course of Study	Years Completed	Receive Diploma or Degree?
High School/GED				
College / Trade				
Graduate / Professional				
Other (Specify)				
	Indicate any foreign	languages you can spea	k, read and / or write	
	Fluent		Good	Fair
Speak				_
Read				
Write				
D 1 - 11-1		· · · · · · · · · · · · · · · · · · ·		
Describe any specialized	training, apprenticeship, ski	ilis and extra-curricular a	cuvines	
Describe any job related	training received in the Unit	ted States military		

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.

(1) Employer		Dates Employed		
		From	То	Work Performed
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor (Name and Title)			
Reason for Leaving	May we contact?			
(2) Employer		Dates Employed		
(=) ===		From	То	Work Performed
Address				
Telephone Number		Hourly Rate / Salary		
1		Starting	Ending	
Job Title	Supervisor (Name and Title)			
Reason for Leaving	May we contact?			
(3) Employer		Dates Employed		
		From	То	Work Performed
Address				
Telephone Number		Hourly Rate / Salary		
		Starting	Ending	
Job Title	Supervisor (Name and Title)			
Reason for Leaving	May we contact?			
(4) Employer		Dates Employed		
Address		From	То	Work Performed
Telephone Number		Hourly Rate / Salary		
Job Title	Companies and Oli	Starting	Ending	
JOD TITLE	Supervisor (Name and Title)			
Reason for Leaving	May we contact?			
	1			

If you need additional space, please continue on the back of this 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

Additional Information

Other Qualifications			
	skills and qualifications acquired fro	om employment or other experien	ice
Specialized Skills	(Check Skills/Equipment	Operated)	
Calculator / 10 key	Computers	Production / Mobile Machinery (List)	Other (List):
Typewriter	Word Processing		
PBX system	Excel Spreadsheets		
Fax	Data Base		
State any additional information	n you feel may be helpful to us in co	onsidering your application	
		<i>57</i> 11	
	ANSWER THIS QUESTION UNLI OB WHICH YOU ARE APPLYING		MED ABOUT THE
	the essential functions of the job, w dation. the activities involved in the		
	u have applied? A description of the		Ja
activities involved in such a jou	or occupation is attached.	i es i i	NO
References			
(1) Name	Phone #:		
	Thone ii.		
Address			
(2) Name			
Address:	Phone #:		
(3) Name			

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 one year. 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 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 of Applicant Date FOR PERSONNEL DEPARTMENT USE ONLY **Arrange Interview** Yes No No Remarks Date Interviewer **Employed Date of Employment** Job Title Hourly Rate / Salary _____ Department Starting Date _____ Supervisor ___ Notes: