

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PLEASE PRINT LEGIBLY

Position Applied For:			Date of Application	
How did you learn about us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Family/Friend _____			
Last Name	First Name		MI	
Street Address	City		State	Zip
Preferred Phone	Email Address			

What is the best time to contact you at home? _____

Can you provide required proof of your eligibility to work in the United States? ☐ Yes ☐ No

Have you ever filed an application with us before? If yes, give date(s) _____ ☐ Yes ☐ No

Have you ever been employed by us before? If yes, give date(s) _____ ☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here?
If yes, state name, relationship and department _____ ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Date available to work? _____

Are you available to work? ☐ Full Time ☐ Part Time ☐ Temporary Please indicate shift: ☐ 1 ☐ 2 ☐ 3
☐ Morning ☐ Afternoon ☐ Evening
 Dates Available: _____ to _____

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

School	Name/Address	Course of Study	Diploma/Degree
High School			
Undergraduate College			
Graduate/Professional			
Other (Specify)			

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application including any job related training in the U.S Military

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE (PLEASE PRINT LEGIBLY)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed	Work Performed
Address:	to	
Phone Number:		
Starting/Present Job Title:		
Supervisor:		
Reason for Leaving:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed	Work Performed
Address:	to	
Phone Number:		
Starting/Present Job Title:		
Supervisor:		
Reason for Leaving:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed	Work Performed
Address:	to	
Phone Number:		
Starting/Present Job Title:		
Supervisor:		
Reason for Leaving:		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (Do not include family members or past supervisors)

Name	Phone Number	Best time to Call	Occupation

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

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 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 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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

VOLUNTARY SELF IDENTIFICATION FORM

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR Department.

Name: _____

Position Applying For: _____

GENDER

☐ Male

☐ Female

RACE OR ETHNIC IDENTITY

☐ Hispanic or Latino

☐ White (not Hispanic or Latino)

☐ Black or African American (not Hispanic or Latino)

☐ Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

☐ Asian (not Hispanic or Latino)

☐ American Indian or Alaska Native (not Hispanic or Latino)

☐ Two or More Races (not Hispanic or Latino)

Signature

Date