



# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name  Social Security #   
Last First Middle

Address   
Street City State Zip Code

Telephone  Mobile/Beeper/Other  E-mail Address

Position(s) applied for  Date of application

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in <input type="text"/>	<input type="checkbox"/> School <input type="text"/>
<input type="checkbox"/> Employee <input type="text"/>	<input type="checkbox"/> Job Fair <input type="text"/>
<input type="checkbox"/> Advertisement <input type="text"/>	<input type="checkbox"/> Staffing Agency <input type="text"/>
<input type="checkbox"/> Company's Website <input type="text"/>	<input type="checkbox"/> Government <input type="text"/>
<input type="checkbox"/> Other Internet <input type="text"/>	Employment Agency <input type="text"/>
	<input type="checkbox"/> Other <input type="text"/>

If necessary, best time to call you at is \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, work number and best time to call:  
\_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No  
if yes, give date(s) and positions(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
if yes, give dates From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if the job requires it?  Yes  No

Will you travel if the job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  N/A  Yes  No

Will you work overtime if the job requires it?  Yes  No

If no, please explain \_\_\_\_\_

Driver's license number if driving may be required in position for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

**AN EQUAL OPPORTUNITY EMPLOYER**

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per	
Starting job title/final job title	Commission/Bonus/OtheCompensation \$		
Immediate supervisor and title (for most recent position held)	<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per	
Starting job title/final job title	Commission/Bonus/OtheCompensation \$		
Immediate supervisor and title (for most recent position held)	<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per		
Why did you leave?	Commission/Bonus/OtheCompensation \$		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities.			
What did you like the most about your position?			
What were the things you liked least about the position?			

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

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

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years	_____	<input type="checkbox"/> Internet	_____	Years	_____
<input type="checkbox"/> Spreadsheet	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> Presentation	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____
<input type="checkbox"/> E-mail	_____	Years	_____	<input type="checkbox"/> Other	_____	Years	_____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____	_____	_____

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# Affirmative Action Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for	<input type="text"/>	Date	<input type="text"/>
<b>Referral Source</b>			
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Governmental Employment Agency	<input type="checkbox"/> Private Employment Agency	
<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> School	
<input type="checkbox"/> Advertisement - Source	<input type="text"/>	<input type="checkbox"/> Other <input type="text"/>	
Name of person who referred you IF APPLICABLE <input type="text"/>			

## Applicant Information

Name	<input type="text"/>	Telephone #	<input type="text"/>
	Last	First	Middle
Address <input type="text"/>			
	Street	City	State
			Zip Code
<input type="checkbox"/> Male	<input type="checkbox"/> Female		

## Please check one of the following Equal Employment Opportunity Identification Groups:

- |   |  |                                |   |
|---|--|--------------------------------|---|
| <input type="checkbox"/> American Indian / Alaskan Native         | <input type="checkbox"/> Hispanic / Latino (White race only) | <input type="checkbox"/> White | <input type="checkbox"/> Black / African American |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Hispanic / Latino (all other races) | <input type="checkbox"/> Asian |   |

## For Administrative Use Only

Positions(s) applied for	<input type="checkbox"/> Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Other
Other positions considered for <input type="text"/>			
<input type="text"/>			
Hired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Position hired for	<input type="text"/>	Date of hire	<input type="text"/>
From the EEO job classifications listed below, which one best describes the position filled			
<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)	
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office and Clerical Workers	<input type="checkbox"/> Laborers (unskilled)	
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Service Workers	
Notes <input type="text"/>			
<input type="text"/>			
Completed by	<input type="text"/>	Date	<input type="text"/>