

### APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(Please Complete the fillable form or Print a copy and complete- if hard copy, please print and use ink)*

#### **PERSONAL:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ If yes, give date? \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ If yes, give date? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_

#### **GENERAL:**

If you are under 18 years of age, can you provide required proof of eligibility to work?

Y N

Can you certify that you are a U.S. Citizen, or an Alien legally authorized to work in the U.S., and furnish proof of either within three days of your date of hire?

Do you have a valid license and reliable transportation?

Are you currently on "lay-off" status and subject to recall?

Are you able to meet the attendance requirements?

Are you willing to undergo a physical test and drug test before hire?

Have you ever been convicted of a felony that has not been annulled?

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

What position are you applying for? \_\_\_\_\_

Rate of pay required: \_\_\_\_\_

**SPECIALIZED SKILLS AND QUALIFICATIONS:**

List any training, skills, licenses and/or certificates that you have that relate to the position in which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

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

**WORK EXPERIENCE: (Please list most recent first)**

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Telephone Number (s):	Hourly Rate/ Salary		
	From	To	
Starting/ Present Job Title:			
Supervisor:			
Reason for leaving:	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Telephone Number (s):	Hourly Rate/ Salary		
	From	To	
Starting/ Present Job Title:			
Supervisor:			
Reason for leaving:	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

