

APPLICATION FOR EMPLOYMENT

ORGANIZATION POLICY, FEDERAL AND STATE LAW PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, ANCESTRY, DISABILITY, MEDICAL CONDITION, MARITAL STATUS OR SEXUAL ORIENTATION.

PERSONAL				
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.	DATE
CURRENT ADDRESS		CITY	STATE	ZIP
ARE YOU LESS THAN 18 YRS. OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF JOB INVOLVES DRIVING, DRIVER'S LICENSE #	HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? (ANSWER ONLY IF A DRIVERS LICENSE IS REQUIRED TO PERFORM THE DUTIES OF THE JOB YOU ARE SEEKING) <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:		NAMES OF FRIENDS OR RELATIVES EMPLOYED AT THIS COMPANY:		
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR:	HAVE YOU EVER BEEN EMPLOYED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT:	
ARE THERE ANY REASONS THAT MAY CAUSE ABSENTEEISM, LATENESS OR DAILY EARLY DEPARTURE FROM THE JOB DURING YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN	HOW MANY LEAVE OF ABSENCE DAYS DID YOU TAKE LAST YEAR?	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY RESTRICTIONS OR OBLIGATIONS THAT WOULD PREVENT YOU FROM WORKING OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST ALL DATES, ALL OFFENSES AND DISPOSITION. (DO NOT LIST CONVICTIONS WHICH HAVE BEEN SEALED, EXPUNGED OR STATUTORILY ERADICATED. NOTE: LISTED CONVICTIONS ARE NOT AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT)		
NAME OF PERSON TO NOTIFY IN AN EMERGENCY:		ADDRESS	CITY	STATE
				ZIP
		TELEPHONE		
EMPLOYMENT INTERESTS				
POSITION DESIRED OR AREA OF INTEREST:		SECOND CHOICE:	DATE AVAILABLE	WAGE OR SALARY EXPECTED
HAVE YOU EVER BEEN ASKED TO RESIGN OR YOUR EMPLOYMENT BEEN TERMINATED?: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN				
CAN YOU SAFELY AND EFFICIENTLY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING?: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN				
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVEYARD		CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW WERE YOU REFERRED TO OUR COMPANY? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER			NAME OF REFERRAL SOURCE	
EDUCATION / MILITARY SERVICE				
SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				DATE
OTHER				DATE
HONORS OR AWARDS RECEIVED:		PROFESSIONAL CERTIFICATES OR LICENSES HELD:	HOBBIES OR SPECIAL INTERESTS:	
PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU: SPEAK _____ READ _____ WRITE _____		ARE YOU TAKING EDUCATIONAL COURSES AT PRESENT? IF YES, WHAT AND WHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXTRA CURRICULAR ACTIVITIES RELATED TO JOB		PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS - OFFICES HELD		
<small>(EXCLUDE AFFILIATIONS WHICH INDICATE RACE, RELIGION, COLOR, ANCESTRY OR NATIONAL ORIGIN)</small>				
U.S. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH	HIGHEST RANK HELD	
U.S. MILITARY DUTIES THAT RELATE TO THIS JOB		SPECIAL TRAINING		
REFERENCES				
LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)		TELEPHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	CITY	STATE	ZIP

EMPLOYMENT HISTORY (TO BE COMPLETED BY ALL APPLICANTS)

GIVE EMPLOYMENT RECORD AS COMPLETE AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK ONLY IF YOU ARE A RECENT GRADUATE. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. **RESUMES MAY BE SUBMITTED, BUT NOT AS A SUBSTITUTE FOR THE FOLLOWING INFORMATION.**

COMPANY NAME (CURRENT OR LAST)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR): FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING

If additional space is required, please attach a separate page.

ACKNOWLEDGMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.

I CERTIFY THAT ALL ANSWERS OR STATEMENTS I HAVE MADE ON THIS APPLICATION OR ON MY RESUME OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT WITHOUT OMISSIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION, ACCOMPANYING RESUME OR SUPPLEMENTARY MATERIALS WILL BE CAUSE FOR REFUSAL TO HIRE OR FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I AUTHORIZE MY PAST EMPLOYERS AND/OR SCHOOLS TO FURNISH ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND/OR EDUCATION. I RELEASE THIS COMPANY AND ALL PERSONS AND ORGANIZATIONS FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF INFORMATION FOR SUCH INVESTIGATIONS. IN MAKING THIS APPLICATION FOR EMPLOYMENT I UNDERSTAND THAT I MAY ALSO BE REQUIRED TO SUBMIT TO A BACKGROUND INVESTIGATION, INCLUDING CREDIT, MOTOR VEHICLE RECORD AND CRIMINAL RECORD. (SHOULD A CONSUMER CREDIT REPORT BE REQUESTED IN CONNECTION WITH YOUR EMPLOYMENT, DO YOU WISH TO RECEIVE A COPY OF SUCH INVESTIGATIVE CONSUMER REPORT? YES NO)

I HAVE NO OBJECTION TO MAKING APPLICATION FOR A FIDELITY BOND OR SECURITY CLEARANCE, SIGNING AN EMPLOYEE AGREEMENT ON CONFIDENTIAL INFORMATION AND INVENTIONS OR TAKING A PHYSICAL/MEDICAL EXAMINATION AT ANY TIME AT THE OPTION AND EXPENSE OF THE COMPANY. IF HIRED, I WILL BE REQUIRED TO SUBMIT PROOF OF MY ELIGIBILITY TO WORK IN THE UNITED STATES. I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND, AS SUCH, IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME BY THE COMPANY OR BY ME WITH OR WITHOUT CAUSE. I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT THE SAME AS CONDITIONS OF EMPLOYMENT.

SIGNATURE OF APPLICANT: _____

DATE: _____