

# 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 PRINT)

Position Applied for	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Best time to contact you at home is: ..... : ..... AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  YES  NO

Have you ever filed an application with us before? .....  YES  NO  
If YES, give date \_\_\_\_\_

Have you ever been employed with us before? .....  YES  NO  
If YES, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?.....  YES  NO

Are you currently employed? .....  YES  NO

May we contact your present employer? .....  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....  YES  NO  
**Proof of citizenship or immigration status will be required upon employment**

Have you ever been convicted of a felony? .....  YES  NO  
If so, please explain \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate **1 2 3** shift)  
 Part-Time (please indicate **Morning/Afternoon/Evening**)  
 Temporary (please indicate dates available \_\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  YES  NO

Are you capable of lifting 60 lbs? .....  YES  NO

Can you travel if a job requires it? .....  YES  NO

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



**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, gender, religion, national origin, disabilities, or other protected status.**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	End	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	End	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	End	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	End	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business, or civic activities and offices held.

*You may exclude organizations which indicate race, color, gender, religion, national origin, disabilities, or other protected status*


**Other Qualifications**

Summarize special job related skills and qualifications acquired from employment or other experience.

**SPECIALIZED SKILLS (Check Skills/Equipment Operated)**

		Production/Mobile Machinery (list)	Other (list)
___ Terminal	___ Spreadsheet	_____	_____
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU AR APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such job or occupation has been given.  YES  NO

**REFERENCES**

Name	Address	Phone Number

NAME: \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Position(s) Applied For is Open	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Position(s) Considered For	_____	
	_____	
	Date	_____