



APPLICATION for EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Location applied for	Date of Application
Position(s) applied for	Days and Hours of Availability

How did you learn about us? (Check all that apply)

Advertisement _____ Friend/relative _____ Walk in _____
 Employment Agency _____ Other _____

Last Name (Maiden Name if applicable)	First Name	Middle Initial
Address (number/street,...)	Town/City	State and Zip Code
Telephone number (home)	(Cell)	Email

(circle one)

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 for employment with us before? YES NO
 If you answered YES, When? _____ and
 Which location(s)? _____

Have you ever been employed with us before? YES NO
 If you answered YES, When? _____ and
 Which location(s)? _____

Are you currently employed? YES NO
 If you answered YES, May we contact your employer? YES NO

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration status? YES NO

Note: Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you available for work: Full time Part time Shift work Temporary
 (Circle those that apply)

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

Can you travel if your job requires it? YES NO

EMPLOYMENT EXPERIENCE

Attach resume or start with your current or last job, include any job related military service assignments and volunteer activities. You may exclude organizations that indicate sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

Employer	Dates Employed (from to)	Job Title	Supervisor
Phone	Reason for leaving		

EDUCATION

Attach resume or fill in the following

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School name and location				
Number of years completed				
Diploma/Degree				
Describe any honors you received				
Describe any specialized training, apprenticeship, skills or extracurricular activities				

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

Indicate any foreign languages you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

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

You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status. _____

REFERENCES

Give name, address, telephone number or email of three references **including at least one who is a past employer.**

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States Military?

YES NO If YES, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

If YES, please describe: _____

APPLICANT'S STATEMENT

- . I certify the answers given herein are true and complete to the best of my knowledge
- . 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 45 days. 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 the 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 execution 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