

# Application For Employment

**Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of a non-job -related medical condition or handicap.**

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Area Code

If employed and you are under 18,  
can you furnish a work permit?  YES  NO

Have you filed an application here before?  YES  NO  
If yes, give approximate date \_\_\_\_\_

Have you ever been employed here before?  YES  NO

Are you employed now?  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 may be required upon employment)

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job requires it?  YES  NO

Have you been convicted of a felony within the last 7 years?  
 YES  NO

If Yes, please explain \_\_\_\_\_

Do you have a CDL?  YES  NO Class of CDL: \_\_\_\_\_

Veteran of the U.S. military service? YES NO

If Yes, Branch \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? YES NO

If Yes, Please explain \_\_\_\_\_

Are there workplace accommodations, which would assure better job placement and/or enable you to perform your job to your maximum capability? YES NO

If Yes, please indicate: \_\_\_\_\_

List professional, trade, business or civic activities and offices held (Exclude those which indicate race, color, religion, sex or national origin):

\_\_\_\_\_  
\_\_\_\_\_

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.**

Government Contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: \_\_\_\_\_

## **EMPLOYMENT EXPERIENCE**

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

1. Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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

# Applicant's Statement:

I certify that 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 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 an authorized executive of this organization specifically acknowledges such change in writing.

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

## **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview

YES

NO

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_

NOTES :

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