

APPLICATION FOR EMPLOYMENT

NAME: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Email Address
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POSITION: _____

Best time to contact you is: _____ : _____ AM/PM

Are you under 18 years of age? 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 work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? 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

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work:

Full Time
 Part Time
 Internship (Please indicate dates available ____/____ - ____/____)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

DATE: ____/____/____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

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.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS (Skills/Software Used or Equipment Operated)

Microsoft Suite:	Adobe Software:	Other Software or Equipment (list):	Licenses/ Certifications
___ Word	___ Acrobat DC	_____	_____
___ Excel	___ Photoshop	_____	_____
___ Outlook	___ InDesign	_____	_____
___ PowerPoint	___ Illustrator	_____	_____
___ Publisher	___ Other _____	_____	_____
___ Other _____			

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 ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

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PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Occupation	Relationship
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete

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.

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