

## 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 disability, or any other legally protected status.

(PLEASE PRINT)								
Position(s) Applied For:		Date of Application:						
How Did You Learn About Us?		1						
Advertisement	Friend \	Walk-in						
Employment Agency	Relative 0	Other						
Last Name	First Name		Middle Name					
Address Number Si	reet City	State	Zip Code					
Telephone Number (s)	(I	Home)		(Work)				
If you are under 18 years of age, can yeligibility to work?	ou provide required proof o	of your		Yes No				
Have you ever filed an application with	If Yes, give date	Yes No						
Have you ever been employed with us	If Yes, give date	☐ Yes ☐ No						
Are you currently employed?				☐ Yes ☐ No				
May we contact your present employe		☐ Yes ☐ No						
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.								
On what date would you be available for work?								
Are you seeking to work:	Full Time	Part Time	☐ Any					
Can you work (check all that apply):	Weekends	☐ Days	Evenings					
Can you travel if a job requires it?				Yes No				
Have you been convicted of a felony within the last 7 years?  Conviction will not necessarily disqualify an applicant from employment.								
If Yes, please explain								

## **EDUCATION**

	High School			Undergraduate College/University						Graduate/ Professional						
School Name & Location																
Years Completed	9	10	11	12			1	2	3	4		1	2	3	4	
Diploma/Degree			•		•											•
Describe Course of Study																
Describe any specialized training, or internships																
Do you speak, read or write any foreign languages? If yes, please list:																
Have you ever had any job-related training in the United States military?					y'?				□ '	Yes _	No					
REFERENCES																
Give name, address and telephone number of three references who are not related to you, including at least one current or former supervisor.																
1Name			Re	elation	ship				Ac	ldress			F	hone		_
2. Name	Relationship			Address					Phone							
3. Name	Relationship				Address					Phone						

## **EMPLOYMENT EXPERIENCES**

List present to past job history 10 years from date of application.

1. Employer	Dates En	nployed	Work Performed
Address	From	То	
Telephone Number(s)	Hourly Ra	ate/Salary	
relegitione (validation)	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

2. Employer		Dates Em	ployed	Work Performed		
		From	То			
Address	_					
Telephone Number(s)		Hourly Ra	ite/Salary			
relephone (value)		Starting	Final			
Job Title	Supervisor					
Job Title	Supervisor					
Reason for Leaving	·					
<u> </u>						
3. Employer		Dates Em	nloved	Work Performed		
o. Employo				Weiki shemied		
Address		From	То			
		Hourly Ra	ite/Salary			
Telephone Number(s)		Starting	 Final			
		3				
Job Title	Supervisor					
December for Leaving						
Reason for Leaving						
4. Employer		Dates Em	ployed	Work Performed		
		From	То			
Address						
		Hourly Ra	uto/Salany			
Telephone Number(s)		-				
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
If you need more space, please continue on a separate sheet of paper. If you have a resume, you may attach it to this application, however, submission of a resume is not in lieu of a completed application.						

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or

other experience:

I understand the information contained in the position description regarding the following:						
<ol> <li>Position Purpose</li> <li>Essential Functions</li> <li>Supportive Functions</li> <li>Specific Job Knowledge, Skill and Ability</li> <li>Qualification Standards</li> </ol>						
I hereby state that I am able to perform the essential functions of the position with or without reasonable accommodations.						
Signature of Applicant	Date					
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 an employment decision.	on for employment as may be necessary in arriving at					
This application for employment shall be considered active for a per	iod of time not to exceed 45 days.					
I hereby acknowledge that any employment relationship with this Or the Employee may resign at any time and the Employer may discha further understood this "at will" employment relationship may not be unless such change is specifically acknowledged in writing by an au	rge employee at any time with or without cause. It is changed by any written document or by conduct					
I understand that false or misleading information given in my applicate employment or discharge. I understand, also, that I am required to a						
Signature of Applicant	Date					