

APPLICATION FOR EMPLOYMENT



We Make You Look Good!

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)

Positions(s) Applied For	Date of Application
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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"/> Other _____

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)		

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 work here?..... Yes No

If Yes, who? _____

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?
Proof of citizenship or immigration status will be required upon employment..... Yes No

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

Are you available to work: Full-Time Seasonal (_____ hours available)

Part-Time (please indicate Mornings Afternoon Evenings)

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

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

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SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Computer Programs	Production Equipment
___ Network	___ Spreadsheet	_____	_____
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE 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 a job or occupation has been given. ___ YES ___ NO

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

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

REFERENCES

1.	_____ () _____
	(Name) (Phone #)

	(Address)
2.	_____ () _____
	(Name) (Phone #)

	(Address)
3.	_____ () _____
	(Name) (Phone #)

	(Address)

Have you ever been convicted, plead guilty or “no contest” in any law, legal or military proceeding (excluding misdemeanors, traffic offenses and parking tickets)? Yes No

If yes, please explain _____

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 60 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand company business is seasonal and if or when I am absent, I will notify my supervisor one (1) hour prior to my scheduled start time the day I am absent. If I am scheduled to work night shift, I will notify my supervisor by 3:00 p.m. If I am absent 3 consecutive days without notification, my employment may be terminated.

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