

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER

Instructions: PRINT IN BLACK INK OR TYPE. Fill out the application form completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted as additional information but not in place of a completed application. Be sure to sign the application when it is completed.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

NAME _____ Social Security No. _____
(Last) (First) (Middle)

ADDRESS (Current) _____ Work _____
(Street) (City) (State) (Zip) (Phone) Home
(Permanent) _____ Work _____
(Street) (City) (State) (Zip) (Phone) Home

Type of position desired _____

Salary Expected \$ _____ Full-Time Part-Time Date available for work _____

CAN YOU AFTER EMPLOYMENT, SUBMIT PROOF OF U.S. CITIZENSHIP OR VERIFICATION DOCUMENTS OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes No

WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? No Yes If yes, date(s) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 IN THE LAST TWO YEARS (Conviction will not necessarily disqualify an applicant)? Yes No
If yes, explain _____

IS THERE ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION/POSITIONS FOR WHICH YOU ARE APPLYING? _____
If yes, explain _____

EDUCATION: _____ MILITARY: Active Duty Dates From _____ To _____
(NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION) Branch Served _____
(Rank, Rate or Specialty)

Type of School	Name and Location of School	Number of Semester Hours Completed	Graduated?		Type of Diploma or Degree	Major Field of Study
			Yes	No		
HIGH SCHOOL OR G.E.D.						
COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL						

Current licenses/registrations (Indicate types and dates received): _____

Fill out only if applying for a position which requires a driver's license.
Driver's License: No. _____ State _____

LIST ANY MOVING VIOLATIONS IN THE PAST FIVE YEARS: _____

If applicable, are you of legal age to serve alcohol (18 yrs. or older)? Yes No
Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use: _____

OTHER LANGUAGES (INCLUDE SIGN LANGUAGE)	SPEAK			READ			WRITE			SIGN		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT RECORD: Please indicate previous employment. Start with present or most recent position, including military service. Use additional sheets if necessary.

Employer: Mailing Address: City and State:						Type of Business		Full Time <input type="checkbox"/>	
						Business Phone No.		Part Time <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Briefly describe your duties and responsibilities:				
Explain reason for leaving:									
Employer: Mailing Address: City and State:						Type of Business		Full Time <input type="checkbox"/>	
						Business Phone No.		Part Time <input type="checkbox"/>	
								Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Briefly describe your duties and responsibilities:				
Explain reason for leaving:									
Employer: Mailing Address: City and State:						Type of Business		Full Time <input type="checkbox"/>	
						Business Phone No.		Part Time <input type="checkbox"/>	
								Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Briefly describe your duties and responsibilities:				
Explain reason for leaving:									
Employer: Mailing Address: City and State:						Type of Business		Full Time <input type="checkbox"/>	
						Business Phone No.		Part Time <input type="checkbox"/>	
								Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary	Starting Position Title	Present or Last Title		
Mo.	Yr.	Mo.	Yr.						
Immediate Supervisor's Name:					Briefly describe your duties and responsibilities:				
Explain reason for leaving:									

Do you have any relatives working for our company? No Yes If yes, list names, relationships, and place employed. _____

Who were you referred by? _____

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

YOU MAY CONTACT:

Present Employer Yes No
Former Employer Yes No

Applicant's Signature

Date