



Position Applied For | Date:

How Did You Learn About Us:

Advertisement: | Relative: | Inquiry: | Reference: | Employee:
Friend: | Private Emp. Agency: | Gov. Emp. Agency: | Other:

Last Name: | First Name:
Middle Name: | SSN: ex.(123-45-6789)
Street: | City: | State: | Zip:
Primary Phone#: | Alternate Phone#: ex.(757) 555-1234

Best time to contact you at home is: ex.(8:00am)

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:

Do any of your friends or relatives, other than spouse, work here? Yes No

Have you ever been employed with us before? Yes No
If Yes, give date:

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? Yes No

Proof of citizen or immigration status will be required upon employment

Date available for work:

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

Can you travel if a job requires it? Yes No

What is your desired salary range? From: To:

Are you available to work:

Full Time: (1st Shift: | 2nd Shift: | 3rd Shift:)
Part Time: (Mornings: | Afternoons: | Evenings:)
Temporary: What dates are you available? From: To:

Education

	Name and Address of School	Course of Study
Elementary School:	<input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	<input type="text"/>
	Years Attended: <input type="text"/>	
Diploma/Degree:	<input type="text"/>	
High School:	<input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Years Attended: <input type="text"/>	
Diploma/Degree:	<input type="text"/>	
Undergraduate College	<input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	<input type="text"/>
	Years Attended: <input type="text"/>	
Diploma/Degree:	<input type="text"/>	
Graduate /Professional:	<input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	
	Years Attended: <input type="text"/>	
Diploma/Degree:	<input type="text"/>	
Other (Specify)	<input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	<input type="text"/>
	Years Attended: <input type="text"/>	
Diploma/Degree:	<input type="text"/>	

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

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

Employment Experience

Employer:	<input type="text"/>	Start Date:	<input type="text"/>	Work Performed: <input type="text"/>	
Address:	<input type="text"/>	End Date:	<input type="text"/>		
City:	<input type="text"/>	Starting Salary:	<input type="text"/>		
State:	<input type="text"/> Zip:	<input type="text"/>	Ending Salary:		<input type="text"/>
Telephone:	<input type="text"/>	Alt. Telephone:	<input type="text"/>		
Job Title:	<input type="text"/>	Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>				

Employer:	<input type="text"/>	Start Date:	<input type="text"/>	Work Performed: <input type="text"/>	
Address:	<input type="text"/>	End Date:	<input type="text"/>		
City:	<input type="text"/>	Starting Salary:	<input type="text"/>		
State:	<input type="text"/> Zip:	<input type="text"/>	Ending Salary:		<input type="text"/>
Telephone:	<input type="text"/>	Alt. Telephone:	<input type="text"/>		
Job Title:	<input type="text"/>	Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>				

Employer:	<input type="text"/>	Start Date:	<input type="text"/>	Work Performed: <input type="text"/>	
Address:	<input type="text"/>	End Date:	<input type="text"/>		
City:	<input type="text"/>	Starting Salary:	<input type="text"/>		
State:	<input type="text"/> Zip:	<input type="text"/>	Ending Salary:		<input type="text"/>
Telephone:	<input type="text"/>	Alt. Telephone:	<input type="text"/>		
Job Title:	<input type="text"/>	Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>				

Employer:	<input type="text"/>	Start Date:	<input type="text"/>	Work Performed: <input type="text"/>	
Address:	<input type="text"/>	End Date:	<input type="text"/>		
City:	<input type="text"/>	Starting Salary:	<input type="text"/>		
State:	<input type="text"/> Zip:	<input type="text"/>	Ending Salary:		<input type="text"/>
Telephone:	<input type="text"/>	Alt. Telephone:	<input type="text"/>		
Job Title:	<input type="text"/>	Supervisor:	<input type="text"/>		
Reason for Leaving:	<input type="text"/>				

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

Additional Information

Other Qualifications

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

Specialized Skills (Choose all that apply)

- Terminal: Word Processing:
PC/MAC: Spreadsheet:
Typewriter: WPM:
Shorthand: WPM:

Equipment Operated

Production/Mobile Machinery (list)

Other (list)

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 Position For Which You Are Applying.

Are you capable of performing in a reasonable manner, with or without 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

References

1. Name: Phone#:
Address: City:
State: Zip:
2. Name: Phone#:
Address: City:
State: Zip:
3. Name: Phone#:
Address: City:
State: Zip:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

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.

I _____ agree to the terms and conditions
as stated by this application.

Date:

Voluntary Applicant Affirmative Action Information Sheet

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is **voluntary** and will **not** affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

Last Name: | First Name: | Middle Name:
Address: | City: | State: | Zip:
Phone#: Alt. Phone#:

Referral Source

Advertisement: Employee:
Friend: Relative:
Private Employment Agency: Inquiry:
Gov. Employment Agency: Other:

Position Applied For:

Gender: Male Female

Date of Birth:

Race/Ethnicity:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - White (Not Hispanic or Latino)** - A Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - Two or More Races (Not Hispanic or Latino)** - All persons who identify with one of the above five races.
-

Check if Any Of The Following Are Applicable:

Disabled Individual: | Veteran: | Veteran Disabled: | Special Disabled Veteran:

I _____ certify that answers given here are true and complete.

Date: