

# 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 handicap, or any other legally prosecuted status.

(PLEASE PRINT)

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:     Advertisement     Friend     Relative     Walk-In  
 Employment Agency     Other \_\_\_\_\_

Name:

\_\_\_\_\_

Last	First	Middle
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Address:

\_\_\_\_\_

Number	Street	City	State	Zip Code
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Telephone:

(    )

Social Security Number: \_\_\_\_\_

Area Code

If employed and you are under 18, can you furnish a work permit?     Yes     No

Have you filed an application here before?     Yes     No    If Yes, give date \_\_\_\_\_

Have you ever been employed here before?     Yes     No    If Yes, give date \_\_\_\_\_

Are you employed now?     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 Citizenship or Immigration Status will be required upon employment)*

On what date would you be available for work? \_\_\_\_\_

Are you available for work     Full-Time     Part-Time     Temporary

Are you on a lay-off and subject to recall?     Yes     No

Can you travel if a job requires it?     Yes     No

Have you been convicted of a felony within the last 7 years?     Yes     No

*(Conviction will not necessarily disqualify applicant from employment)*

If Yes, please explain: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

Veteran of the U. S. Military Service:  Yes  No If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed: \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experiences:

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# Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally prosecuted status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
 Employment Agency  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Last First Middle Area Code

Address: \_\_\_\_\_  
Number Street City State Zip Code

## Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other personnel status of applicators. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian / Alaskan Native  Asian / Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

# Education

	Elementary					High				College/University				Graduate / Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

## 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 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

## For Personnel Department Use Only

Arrange Interview:  Yes  No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date