

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 protected status. Providing your social security number is voluntary. It is used for employment identification purposes. Omission will not prohibit employment consideration.

PLEASE PRINT

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

|                             |          |         |
|-----------------------------|----------|---------|
| How Did You Learn About Us? |          |         |
| Advertisement               | Friend   | Walk-In |
| Employment Agency           | Relative | Other   |

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

|                  |
|------------------|
| Telephone Number |
|------------------|

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

Have you ever been employed with us before? Yes  No   
 (If yes, give date) 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 citizenship or immigration status will be required upon employment

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

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status 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 an applicant from employment  
 If yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Start with your present or last job. Include any job-related military services, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

|    |                    |            |                    |       |                |
|----|--------------------|------------|--------------------|-------|----------------|
| 1) | Employer           |            | Dates Employed     |       | Work Performed |
|    |                    |            | From               | To    |                |
|    | Address            |            |                    |       |                |
|    | Telephone Number   |            | Hourly Rate/Salary |       |                |
|    | Job Title          | Supervisor | Starting           | Final |                |
|    | Reason for leaving |            |                    |       |                |
| 2) | Employer           |            | Dates Employed     |       | Work Performed |
|    |                    |            | From               | To    |                |
|    | Address            |            |                    |       |                |
|    | Telephone Number   |            | Hourly Rate/Salary |       |                |
|    | Job Title          | Supervisor | Starting           | Final |                |
|    | Reason for leaving |            |                    |       |                |
| 3) | Employer           |            | Dates Employed     |       | Work Performed |
|    |                    |            | From               | To    |                |
|    | Address            |            |                    |       |                |
|    | Telephone Number   |            | Hourly Rate/Salary |       |                |
|    | Job Title          | Supervisor | Starting           | Final |                |
|    | Reason for leaving |            |                    |       |                |
| 4) | Employer           |            | Dates Employed     |       | Work Performed |
|    |                    |            | From               | To    |                |
|    | Address            |            |                    |       |                |
|    | Telephone Number   |            | Hourly Rate/Salary |       |                |
|    | Job Title          | Supervisor | Starting           | Final |                |
|    | Reason for leaving |            |                    |       |                |

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

Special Skills and Qualifications

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

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|  | Elementary School | High School | College/University | Graduate |
|--|-------------------|-------------|--------------------|----------|
| School Name and Locations  |                   |             |                    |          |
| Years Completed  | 4 5 6 7 8         | 9 10 11 12  | 1 2 3 4            | 1 2 3 4  |
| Diploma/Degree   |                   |             |                    |          |
| Course of Study  |                   |             |                    |          |
| Describe any specialized training, apprenticeship, skills, and extra-curricular activities     |                   |             |                    |          |
| Describe any honors you have received  |                   |             |                    |          |
| State any additional information you feel may be helpful to us in considering your application |                   |             |                    |          |

| Indicate any foreign languages you can speak, read, and/or write |        |      |      |
|--|--------|------|------|
|  | FLUENT | GOOD | FAIR |
| SPEAK  |        |      |      |
| READ   |        |      |      |
| WRITE  |        |      |      |

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

*You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status*

|  |
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|  |
|  |
|  |

**REFERENCES**

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

|   |
|---|
| 1 |
| 2 |
| 3 |

Have you ever had any job-related training in the United States military? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying for? Yes  No

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 the 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.

\_\_\_\_\_  
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 \_\_\_\_\_

Dept \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 protected status.  
 As an employer with an Affirmative Action Program, we comply with government regulation, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of you Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

### VOLUNTARY SURVEY

Please Print

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

|         |       |     |
|---------|-------|-----|
| Name    |       |     |
| Address |       |     |
| City    | State | Zip |
|         |       |     |

|  |                  |                                |  |
|--|------------------|--------------------------------|--|
| Current Job                                  |                  |                                |  |
| Choose one:                                  | Male             | Female                         |  |
| Choose one of the following: (Ethnic Origin) |                  |                                |  |
| White  | Hispanic         | American Indian/Alaskan Native |  |
| Black  | Other            | Asian/Pacific Islander         |  |
| Choose one of the Following:                 |                  |                                |  |
| Vietnam Era Veteran                          | Disabled Veteran | Handicapped Individual         |  |
| None of the above                            |                  |                                |  |
| Birth date                                   |                  |                                |  |

