



## Employment Application

### Applicant Information

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability or any other legally protected status.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #

City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative: _____	<input type="checkbox"/> Internet Site: _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you authorized to work lawfully in the United States?  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: \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your current employer  Yes  No

Will you now or in the future require the Company you are applying with to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status.  Yes  No

(Proof of citizenship or immigration status will be required upon employment)

### Education

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

Speak, Read and Write Fluently:  English  Other: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities, or any job-related training received in the United States Military:

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

**Previous Employment**

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. If you would like to include additional employment history, please continue on a separate sheet of paper.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

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

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

**References**

Please list the names of additional work-related references (i.e. supervisor, co-worker) we may contact. Individuals with no work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS (city/state)	TELEPHONE	NUMBER OF YEARS KNOWN

On what date are you available to start work? \_\_\_\_\_

Are you able 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 the job requires?  Yes  No

Have you ever been involuntarily terminated from a job?  Yes  No

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

**Applicants Statement ad Signature**

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.

**I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR 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, resume or interview(s) could result in disciplinary action up to and including termination of employment.

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

**For Human Resources Department Use Only**

Applicants Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Interviewed?  Yes  No

Date of Employment: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_