



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Si usted necesita esto traducida en español, pida por favor

Instructions: PRINT IN BLACK INK OR TYPE. Fill out the application form completely; if questions are not applicable, enter "NA". 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, national origin, religion, age, sex, or disability, except where a reasonable, bona fide occupational qualification exists.

NAME _____ SOCIAL SECURITY NO. _____
 (LAST) (FIRST) (MIDDLE)

Work _____
 (PHONE)

ADDRESS (CURRENT) _____
 (STREET) (CITY) (STATE) (ZIP)

Home _____
 (PHONE)

Work _____
 (PHONE)

(PERMANENT) _____
 (STREET) (CITY) (STATE) (ZIP)

Home _____
 (PHONE)

Type of position desired _____

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

CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP? Yes No

IF NOT A U.S. CITIZEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? Yes No

ARE YOU LEGALLY ENTITLED TO WORK IN THE U.S.? Yes No

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

HAVE YOU EVER BEEN CONVICTED, OR PLEADED GUILTY TO A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? (Conviction will not necessarily disqualify an applicant.) Yes NO

If yes, explain _____

EDUCATION:
 (NOTE: TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF EDUCATION)

MILITARY: Active Duty Dates From _____ To _____

Branch Served _____

Rank, Rate, or Specialty)

Type of School	Name and Location of School	Number of Semester Hours Completed	Graduated?			
			Yes	No		
HIGH SCHOOL OR G.E.D.						
COLLEGE UNIVERSITY TECHNICAL OR VOCATIONAL						

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use _____

OTHER LANGUAGES (INCLUDE SIGN LANGUAGE)

SPEAK
 Fair Good Excellent

READ
 Fair Good Excellent

WRITE
 Fair Good Excellent

SIGN
 Fair Good Excellent

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Employment Experience

Start with your present or last job. Include military service assignments

Employer Mailing Address City and State				Type of Business Business Phone No.		Full Time ___ Part Time ___ Seasonal ___	
Start	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 Business Phone No.		Full Time ___ Part Time ___ Seasonal ___	
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 Starting Date				Type of Business Business Phone No.		Full Time ___ Part Time ___ Seasonal ___	
	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 _____

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, are to the best of my knowledge, true and correct, and that they are all given of my own free will. I agree that any false information, misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or termination 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. I understand that this application is not and is not intended to be a contract of employment.

YOU MAY CONTACT: Present Employer Yes ___ No ___
Former Employer Yes ___ No ___

APPLICANT'S SIGNATURE

DATE