

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national original, age, disability, marital or veteran status, sexual orientation, or any other legally protected status

Position(s) Applied For:		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Cell Number	Home Number	Social Security 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 or been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship/ immigration status will be required upon employment)

Yes No

On what date would you be available to work?

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

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College				
Other (Specify)				

Foreign Languages

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, and skills. Describe any job related training received in the United States Military

FORMER EMPLOYERS: Please list your last 3 employers, starting with present or most recent

DATE MONTH/YEAR	EMPLOYER	HOURLY RATE/SALARY	OTHER
From	Company	Starting	Position
	Address		Supervisor
To	City, State, Zip	Ending	Reason for leaving
Description of Duties			

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From	Company	Starting	Position
	Address		Supervisor
To	City, State, Zip	Ending	Reason for leaving
Description of Duties			

REFERENCES

NAME	ADDRESS	CELL/HOME NUMBER	YEARS

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 regulations, including Affirmative Action responsibilities where they apply.

The purpose of 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. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

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	Birth Date	
Address		
City	State	Zip
Current Job		
Check one:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other _____	<input type="checkbox"/> Asian/Pacific Islander
Check If Any of the Following Are Applicable:		
<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual