

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____
 Last _____ First _____ Middle _____
 Address _____ Street _____ City _____ State _____ ZIP Code _____
 Telephone # (_____) Cellular/Other Phone # (_____) E-mail Address _____
 Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source (Please check the appropriate category and list the source.)

Walk-in _____
 Employee _____
 Advertisement _____
 Company's Website _____
 Other Internet _____

School _____
 Job Fair _____
 Staffing Agency _____
 Government Employment Agency _____
 Other _____

If necessary, best time to call you is : AM
PM

Home Cellular/Other

May we contact you at work? Yes No

If yes, work number and best time to call:

(_____) : AM
PM

If you are under 18 and it is required,
 can you furnish a work permit? Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: From ____ / ____ To ____ / ____

Is this application a request for reemployment
 following an extended military leave of absence
 from this company? Yes No

If yes, additional information may be requested.

Are you legally eligible for employment
 in this country? Yes No

Date available for work ____ / ____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
 attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job
 for which you are applying (with or without reasonable
 accommodation)?

This question is not designed to elicit information about an applicant's disability.
 Please do not provide information about the existence of a disability, particular
 accommodation, or whether accommodation is necessary. These issues may be
 addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
 job's "essential functions" to respond

Driver's license number required if driving may be required in the
 job for which you are applying:

State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to
 employment. Factors such as date of the offense, seriousness and nature of the
 violation, rehabilitation and position applied for will be taken into account.

Have you ever been convicted of a crime that
 has not been expunged by a court? Yes No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or
 other party (such as a noncompetition agreement) that might, in any
 way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Month	Year	Month	Year						
()											
Street address	City	State	Compensation (Starting)								
Starting job title/final job title				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per				
Immediate supervisor and title (for most recent position held)				Compensation (Final)							
Why did you leave?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
									Commission/Bonus/Other Compensation		
									\$		
E-mail:											

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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()											
Street address	City	State	Compensation (Starting)								
Starting job title/final job title				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per				
Immediate supervisor and title (for most recent position held)				Compensation (Final)							
Why did you leave?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
									Commission/Bonus/Other Compensation		
									\$		
E-mail:											

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									Commission/Bonus/Other Compensation		
									\$		
E-mail:											

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What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> E-mail _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

