Application For Employment

We consider applicants for all positions without regard to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex of any person.

(PLEASE PRINT)

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

Contact Number(s) (_ _ _) _ _ _ / _ _ _ and/or (_ _ _) _ _ _ / _ _ _ _

*If you are under 18 years of age, can you provide required proof of your

| Last Name | Ι | First Name | Ν | /iddle Name | | | |
|--|--|---------------------------|-------------------------|-------------|--|--|--|
| Address | NumberStreet | City | State | Zip Code | | | |
| eligibility to work? Set | | | | | | | |
| Have you | ever filed an applicati | on with us before? \Box | Yes \Box No (If Yes, | give date) | | | |
| Have you | ever been employed w | rith us before? 🗆 Yes | \Box No (If Yes, give | date) | | | |
| Are you cu | arrently employed? \Box | Yes \Box No | | | | | |
| May we co | May we contact your present employer? \Box Yes \Box No | | | | | | |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Yes No</i> (Proof of citizenship or immigration status will be required upon employment.) | | | | | | | |
| On what date would you be available for work? | | | | | | | |
| Are you av | vailable to work: Ful | l Time Part Time S | hift Work Tem | porary? | | | |
| Are you cu | urrently on "lay-off" st | atus and subject to re | call? 🗆 Yes 🗆 No |) | | | |
| Can you travel if a job requires it? \Box Yes \Box No | | | | | | | |

Education

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|--------------------------|-------------------------------|-----------------|--------------------|-------------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Typewriter

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

State any additional information you feel may be helpful to us in considering your application.

WordPerfect

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \Box YES \Box NO

Reference:

| 1. | Name _ | | () |
|----|--------|-----------|----|
| | - | (Address) | |
| 2. | Name _ | | () |
| | | (Address) | - |

3. Name _____

| (| | | | | |
|----|------|---|---|---|---|
| () | | _ | _ | _ | _ |

(Address)

Employment Experience

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.

| Employer | Dates E | Employed | Work Performed |
|---------------------|---------|----------|----------------|
| Address | From | То | |
| | | | |
| Telephone Number(s) | | | |
| Job Title | From | То | |
| Reason for Leaving | | | |
| | | | |
| Employer | Dates F | Employed | Work Performed |
| Address | From | То | |
| | | | |
| Telephone Number(s) | | | |
| Job Title | From | То | |
| Reason for Leaving | | | |
| | | | |
| Employer | Dates E | Employed | Work Performed |
| Address | From | То | |
| | | | |
| Telephone Number(s) | | | |
| Job Title | From | То | |
| Reason for Leaving | | | |
| | | | |
| | | | |

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

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

Applicant's Statement

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 applications are being accepted at that time.

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 an regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

| Arrange Interview: | | | | |
|---------------------|---------|--------------|------------|----------------|
| Remarks | | | | |
| | | | | |
| | | | INT | TERVIEWER DATE |
| Employed 🗆 Yes 🗅 No | | Date of En | nployment | |
| | | Hourly Rate | | |
| Job Title | | or Salary | Department | |
| Signature | | | | |
| | AND TIT | | | DATE |
| ***** | ****** | ***** | ***** | ***** |

NOTES