## **APPLICATION**FOR EMPLOYMENT



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

## **PLEASE PRINT**

Position(s) Applied for	Date of Application	
How Did You Learn About Us?  □ Ad □ Friend □ Inquiry □ Relative □ Other		
Last Name First Name Middle Name	me	
Address City	State	Zip
Primary Telephone Number Cell Phone Number		
( )		
Best time to call you at home is	:_	am/pm
If you are under 18 years of age, can you provide required proof of your eligibi	ility to work?	s 🗆 No
Have you ever filed an application with us before? If Yes, please give date:	□ Ye	s 🗆 No
Do any of your friends or relatives work here? If Yes, who?	□ Ye	s 🗆 No
Are you currently employed?	□ Ye	s 🗆 No
May we contact your present employer?	□ <b>Ye</b>	s 🗆 No
Are you prevented from lawfully becoming employed in this country because Immigration Status? ( <i>Proof of citizenship or immigration status is required</i> )	of Visa or □ Ye	s 🗆 No
What is your desired salary range? \$ Date available to w	ork:/	
Are you available to work:  □ Full Time □ Part Time □ Temporary (dates available:	_to)	
Are you currently on "lay-off" status and subject to recall?	□ Ye	s 🗆 No
Education		
School Name/Location of School Course of Stud	dy Years Completed	Degree
High School		
College/Trade School		
Graduate School		
Other (please specify)		

Note to Applicants: Please 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? 

Yes 

No

Employer	national origin, disabilities, or othe  Dates Em	•	Work Performed
Linployer	From	To	Work renormed
Address	Hourly Rat	e/Salary	
	Starting	Ending	
elephone #	Fax # (if known)		
lob Title			
Supervisor/Title			May we contact? ☐ Yes ☐ No
			May we contact?   Tes   No
Reason for Leaving			
<b>Employer</b>	Dates Em	oloyed	Work Performed
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lob Title			
Supervisor/Title			May we contact? ☐ Yes ☐ No
Reason for Leaving			
mployer	Dates Em	aloved	Work Performed
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Telephone #	Fax # (if known)		
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Job Title			
Supervisor/Title			May we contact? ☐ Yes ☐ No
Reason for Leaving			

## Applicant's Statement

- I certify that answers given herein are true and complete
  I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of at "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause

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applicant 3 Hamo			Date:
References			
Name/Title	Phone Number	Best Time To Call	Please indicate in what capacity you are using this person as a reference (former supervisor, fellow employee, etc.)
Additional Informa	tion		
	nation that you feel may be	helpful to us in conside	ring your application:
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