

# APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date \_\_\_\_\_

Name \_\_\_\_\_  
last                      first                      middle

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Type of work for which you wish to be considered \_\_\_\_\_

What source led you to make application with us? \_\_\_\_\_

**EMPLOYMENT HISTORY** (List present or most recent employer first)

Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/city	from _____ mo/yr			
Name of supervisor	to _____ mo/yr			
Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/city	from _____ mo/yr			
Name of supervisor	to _____ mo/yr			
Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/city	from _____ mo/yr			
Name of supervisor	to _____ mo/yr			
Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/city	from _____ mo/yr			
Name of supervisor	to _____ mo/yr			

**EDUCATION**

Schools	Name & location of school	Circle last year completed	major course	diploma or degree?
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or trade school		months attended		

If you served in the U.S. Armed Forces, briefly describe skills acquired \_\_\_\_\_

**PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

(NOTE: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Name, Address and telephone number of someone other than a household member we can contact in case of emergency \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime (felony)? Yes \_\_\_ No \_\_\_ [A conviction does not automatically bar you from employment.]

If yes, give details \_\_\_\_\_

If you are an experienced operator of any office machines or equipment, please list. \_\_\_\_\_

\_\_\_\_\_ Typing speed? \_\_\_ wpm Shorthand? \_\_\_ wpm

If you are an experienced operator of any plant machines or equipment, please list. \_\_\_\_\_

Do you have any other skills you wish to mention? \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_ If so, may we contact your present employer? Yes \_\_\_ No \_\_\_

If hired, when would you be available? \_\_\_\_\_ Salary requirements? \_\_\_\_\_

**REFERENCES**

Name of reference \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Invitation to Identify for Affirmative Action Purposes

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

## PLEASE CHECK ONE:

Male

Female

## INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

White

American Indian or Alaskan Native

Black/African American

Asian/Other Pacific Islander

Hispanic

## HOW WERE YOU REFERRED TO THIS JOB:

Advertisement

School/College

Employee Referral

State Job Service

Employment Agency

Temporary Agency

Government Agency

Walk In

Recruiter

Other (Please Specify): \_\_\_\_\_