

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.)

<input type="checkbox"/> Walk-in <input type="text"/>	<input type="checkbox"/> School <input type="text"/>
<input type="checkbox"/> Employee <input type="text"/>	<input type="checkbox"/> Job Fair <input type="text"/>
<input type="checkbox"/> Advertisement <input type="text"/>	<input type="checkbox"/> Staffing Agency <input type="text"/>
<input type="checkbox"/> Company's Website <input type="text"/>	<input type="checkbox"/> Government <input type="text"/>
<input type="checkbox"/> Other Internet <input type="text"/>	Employment Agency <input type="text"/>
	<input type="checkbox"/> Other <input type="text"/>

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

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 pleaded "guilty" or "no contest" to or been convicted of a crime? 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:

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

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

Employer	Telephone #	Dates employed: _____ to _____
Street Address	City	State
Starting job title/final job title		Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Why did you leave?	Email:	
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?		

Employer	Telephone #	Dates employed: _____ to _____
Street Address	City	State
Starting job title/final job title		Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
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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 & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <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	Email	# of Years Known

Social Security Number

SS#

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

