

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature, on the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. If filling out electronically, use the 'TAB' key to move through the document.

## GENERAL INFORMATION

Name (Last)	(First)	(M.I.)	Home Phone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Cell Phone ( ) -
E-Mail Address	Are you legally entitled to work in the U.S.? (If hired, you will be required to submit proof of eligibility.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

<b>Job Applied For Or Type Of Employment Desired</b>	<b>Will Accept:</b>
Are you 21 years of age or older? (If hired, you may be required to submit proof of age.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Are you legally entitled to work in the U.S.? (If hired, you will be required to submit proof of eligibility.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/for what position? _____	<b>Shift:</b>
Were you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when/for what position? _____	<input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating <input type="checkbox"/> All
Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest" (Exclude minor traffic violations.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If employed, do you expect to be engaged at any additional business or employment outside our job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License # _____ License Class _____ State ____ Exp _____	
Have you ever had your driver's license suspended or revoked in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____	
<b>Salary Desired</b>	<b>Date Available</b>

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, list the highest grade completed						
<b>College, Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>		<b>Where Issued</b>		<b>Expiration Date</b>
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>		<b>Where Issued</b>		<b>Expiration Date</b>
<b>Languages Read, Written or Spoken Fluently Other Than English</b>						

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

(Maximum 300 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_