

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

PERSONAL INFORMATION					
Name: _____		S.S.# : _____			
Last	First	Middle Initial			
Present address: _____					
No.	Street	City	State	Zip	
Home Phone : _____		Cell Phone: _____			
How long have you lived at above address? _____					
Previous address: _____				How long? _____	
No.	Street	City	ST	ZIP	
Are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no <small>If no, employment is subject to verification that you are of minimum legal age.</small>					
What languages can you read, speak or write fluently? _____					
Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no					
If not a U.S. citizen, can you provide proof that you can legally be employed in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no					
EMPLOYMENT INFORMATION					
Position applying for: _____			Date available for work: _____		
What salary/hourly rate do you expect? _____					
Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
Have you ever applied for a job with us before? <input type="checkbox"/> yes <input type="checkbox"/> no <small>If so, when? _____</small>					
Have you ever worked for us before? <input type="checkbox"/> yes <input type="checkbox"/> no <small>If so, when? _____</small>					
Have you ever been convicted of any crime other than a minor traffic violation? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, state date, court, and place where offense occurred: _____					
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> yes <input type="checkbox"/> no					
If yes, explain: _____					
Does your present employer know of your plans to change employment? <input type="checkbox"/> yes <input type="checkbox"/> no					
Why do you desire to make a change? _____					
Would you have reliable transportation to work? <input type="checkbox"/> yes <input type="checkbox"/> no					
Do you have any personal responsibilities or problems that may affect your daily attendance?					
<input type="checkbox"/> yes <input type="checkbox"/> no <small>If yes, explain: _____</small>					
Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? _____					
EDUCATION INFORMATION					
Schooling	Years completed	Degree Received/ Major Subject	Name of School	Location	Did you graduate?
High School					
Trade, Bus. or Correspondence					
College					
Graduate/Seminary					
Describe any other specialized or professional training (such as computers, etc.) If you are presently enrolled in school, what are you studying?					

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MILITARY SERVICE RECORD	
Were you in the U.S. Armed Forces? [] yes [] no If yes, what branch? _____ Dates of duty: From _____ to _____ Rank at discharge: _____ M/D/Y M/D/Y	
List duties in the Service including special training : _____ _____	
PRIOR WORK RECORD (Start with most recent or present employer)	
1. Name of (most recent) employer: _____ Phone: _____ Address: _____ Name & position of immediate supervisor: _____ Your position, title & duties: _____ Dates of employment: From _____ To _____ Starting Rate: \$ _____ Ending Rate: \$ _____	
2. Name of employer: _____ Phone: _____ Address: _____ Name & position of immediate supervisor: _____ Your position, title & duties: _____ Dates of employment: From _____ To _____ Starting Rate: \$ _____ Ending Rate: \$ _____	
3. Name of employer: _____ Phone: _____ Address: _____ Name & position of immediate supervisor: _____ Your position, title & duties: _____ Dates of employment: From _____ To _____ Starting Rate: \$ _____ Ending Rate: \$ _____	
May we contact the employers listed above? _____ If not, indicate by # which one(s) you do not wish us to contact: _____	
REFERENCES	
(Do not list relatives or previous supervisors)	
Name: _____	Phone #: _____ Yrs. known: ____ Occupation: _____
Name: _____	Phone #: _____ Yrs. known: ____ Occupation: _____
Name: _____	Phone #: _____ Yrs. known: ____ Occupation: _____

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on my application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

I understand that employment at this organization is "at will," and includes no guarantee, contract, or promise of employment for any specified length of time.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from an liability or damages on account of having furnished such information.

Signature of Applicant Date