



Application For Employment

INSTRUCTIONS: We appreciate your interest in our organization. We consider applicants for all positions without regard to race, color, religion, creed, age, sex, sexual orientation, disability, genetic predisposition or carrier status, genetic information, marital status, national origin, U.S. military service or arrest/conviction records.

Position(s) applied for _____ Date of application _____

Please list your desired salary range or pay rate: _____ What date can you start? _____

How did you learn about us?
 Advertisement Employment Agency Walk-in Other _____

Complete name (last) _____ (first) _____ (middle) _____

Street address _____

City _____ State _____ Zip _____

Phone number _____

Any other name(s) under which you have been previously employed or under which school records would be located _____

Names of friends and relatives employed in this organization _____

If you are under 18 years of age, can you furnish a work permit? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you a citizen of the U.S. or do you have a valid work permit?
 (Proof of citizenship or immigration status will be required upon employment) Yes No

Please indicate the days and shifts you are available to work:

AM = Morning Shift **PM** = Evening Shift **O/N** = Overnight Shift **ALL** = All Shifts **X** = Not Available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you unable to work any specific shifts? Yes No If yes, please lists days and/or hours. _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you work overtime, if required? Yes No

Can you work consistently and arrive to work on time? Yes No

On what date would you be available to work? _____

Can you travel if the job requires it? Yes No

If yes, are there limitations? Explain. _____

Have you been convicted of a crime? Yes No
 (Conviction will not necessarily disqualify an applicant from employment.) If Yes, please list dates of offenses and dispositions. _____

Have you ever received any training in the United States military related to the job for which you are applying?
 Yes No If Yes, please describe: _____



Employment Experience – Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude voluntary work that indicates race, color, religion, gender, national origin, handicap or other protected status. **Please account for all time for at least the past five years.**

Employer	<u>Dates Employed</u>	<u>Work Performed</u>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<u>Hourly Rate/Salary</u>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u>	<u>Work Performed</u>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<u>Hourly Rate/Salary</u>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u>	<u>Work Performed</u>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<u>Hourly Rate/Salary</u>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<u>Dates Employed</u>	<u>Work Performed</u>
Address	From: _____	
Telephone number(s)	To: _____	
Job Title	<u>Hourly Rate/Salary</u>	
Supervisor	Starting: _____	
Reason for leaving	Final: _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.



Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years Completed	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				

Additional Information – Please complete the items below that are relevant to your ability to perform the position for which you are applying.

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have achieved	
State any additional information you feel may be helpful to us in considering your application	

Extracurricular Activities-List professional, trade, business or civic activities and offices or licenses held if relevant to the position for which you are applying. You may exclude memberships that would reveal sex, race, religion, age ancestry, handicap or other protected status

References – Give name, address and telephone number of four references (business references preferred) who are qualified to evaluate your capabilities.

1. _____
2. _____
3. _____
4. _____

