

Name: _____
Last First Middle

Position(s) applied for: _____ Date of application: _____

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.

Social Security # _____ Drivers License # _____ State: _____

Telephone # _____ Mobile/Other #: _____

Address: _____
Street City State Zip

Email: _____

Referral Source (Please check the appropriate category and name the source)

- | | | | |
|--|-------|--|-------|
| Walk-in <input type="checkbox"/> | _____ | Company Website <input type="checkbox"/> | _____ |
| Employee <input type="checkbox"/> | _____ | Job Fair <input type="checkbox"/> | _____ |
| Advertisement <input type="checkbox"/> | _____ | Staffing Agency <input type="checkbox"/> | _____ |
| Internet <input type="checkbox"/> | _____ | Government Agency <input type="checkbox"/> | _____ |
| School <input type="checkbox"/> | _____ | Other <input type="checkbox"/> | _____ |

May we contact you at work? Yes No
If yes, work number and best time to call: _____

Have you submitted an application here before? Yes No
If yes, please give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If yes, please give dates and position: _____

Are you legally eligible for employment in this country? Yes No

Date available to work: _____

What is your desired salary range or hourly rate of pay? \$ _____ per

Type of employment desired: Full-time Part-Time Seasonal Temporary

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

If already explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No
If no, please explain: _____

Have you ever been bonded? Yes No

Employment History

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

Employer: _____	_____	_____	_____
Address: _____	_____	_____	_____
Street	City	State	Zip
Telephone #: _____	Dates Employed		
Starting Job Title: _____	From: _____		
Final Job Title: _____	To: _____		
Immediate Supervisor: _____	Starting Compensation		
Supervisor's Title: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commission/Bonus: \$ _____		
Why did you leave: _____	Final Compensation		
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
_____	Commission/Bonus: \$ _____		
Summarize the type of work performed and job responsibilities: _____	_____		
_____	_____		
What did you like most about your position? _____	_____		
What did you like least about your position? _____	_____		

Employer: _____	_____	_____	_____
Address: _____	_____	_____	_____
Street	City	State	Zip
Telephone #: _____	Dates Employed		
Starting Job Title: _____	From: _____		
Final Job Title: _____	To: _____		
Immediate Supervisor: _____	Starting Compensation		
Supervisor's Title: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commission/Bonus: \$ _____		
Why did you leave: _____	Final Compensation		
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
_____	Commission/Bonus: \$ _____		
Summarize the type of work performed and job responsibilities: _____	_____		
_____	_____		
What did you like most about your position? _____	_____		
What did you like least about your position? _____	_____		

Employer: _____	_____	_____	_____
Address: _____	_____	_____	_____
Street	City	State	Zip
Telephone #: _____	Dates Employed		
Starting Job Title: _____	From: _____		
Final Job Title: _____	To: _____		
Immediate Supervisor: _____	Starting Compensation		
Supervisor's Title: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Commission/Bonus: \$ _____		
Why did you leave: _____	Final Compensation		
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____		
_____	Commission/Bonus: \$ _____		
Summarize the type of work performed and job responsibilities: _____	_____		
_____	_____		
What did you like most about your position? _____	_____		
What did you like least about your position? _____	_____		

Employment History (Continued)

Explain any gaps in 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 & Qualifications

Summarize any special training, skills, licenses and/or certifications 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):

Word Processing <input type="checkbox"/>	_____	Internet <input type="checkbox"/>	_____
Spreadsheet <input type="checkbox"/>	_____	E-mail <input type="checkbox"/>	_____
Presentation <input type="checkbox"/>	_____	Other <input type="checkbox"/>	_____

Educational Background

Starting with your most recent school attended, provide the following information:

Diploma GED Degree Certification: _____ Other: _____
School (Include City & State): _____
Years Completed: _____ GPA (Class Rank): _____
Major/Minor: _____

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Years Completed: _____ GPA (Class Rank): _____
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School (Include City & State): _____
Years Completed: _____ GPA (Class Rank): _____
Major/Minor: _____

References

List name and telephone number 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	Years Known

Related Information

Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

To what job related organizations (professional, trade, etc) do you belong?

Organization Name	Offices Held

List special accomplishments, publications, awards, etc: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

Equal Employment Opportunity Form

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone # _____ Social Security Number _____

Position(s) applied for: _____ Date of application: _____

Voluntary Information

Racial or Ethnic Group

- American Indian/Alaskan
- Hispanic/Latino
- Asian/Pacific Islander
- White/Caucasian
- Black/African American
- Other _____

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Post-Vietnam Era
- Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Walk-in
- Employee
- Advertisement
- Internet
- School
- Company Website
- Job Fair
- Staffing Agency
- Government Agency
- Other _____