



Application for Employment

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.

Please Print. To select a check-box, highlight the box and type "x".

Name (Last):		(First)	(Middle)	Applicant ID #:	
Address (Street):			(City)	(State)	(Zip Code)
Telephone #:		Cell/Other Phone #:		E-Mail Address:	
Position(s) applied for:				Date of application:	
Referral Source (Please check the appropriate category - <i>highlight the box and type "x"</i> - and list the source.)					
<input type="checkbox"/> Walk-in:			<input type="checkbox"/> School:		
<input type="checkbox"/> Employee:			<input type="checkbox"/> Job Fair:		
<input type="checkbox"/> Advertisement:			<input type="checkbox"/> Company's Website:		
<input type="checkbox"/> Staffing Agency:			<input type="checkbox"/> Other Internet:		
<input type="checkbox"/> Government Employment Agency:			<input type="checkbox"/> Other:		
If necessary, best time of day to call you is:			Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? <small>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.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond		
<input type="checkbox"/> Home		<input type="checkbox"/> Cellular/Other			
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, work # and best time to call:					
If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Driver's license number required if driving may be required in the job for which you are applying:		
If yes, give date(s) and position(s):			Number:		State:
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates:		From:	To:		
Is this application a request for reemployment following an extended military leave of absence from this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			NOTE: Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (In answering these questions, do not include minor traffic infractions and convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pre-trial or post-trial diversion programs, and marijuana-related offenses that occurred over two years ago.)		
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever pleaded "guilty" or "no contest" to or been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date available for work:			If yes, please provide date(s) and details:		
What is your desired salary range or hourly rate of pay?			Have you ever been arrested for any matters for which you are out on bail or your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No		
\$	Per:				
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Educational Co-Op <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			If yes, please provide date(s) and details:		
Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way restrict your ability to work for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please explain:		
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain:					

Employment History

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

Employer:	Telephone #:	Dates employed:	Month / Year	to	Month / Year
Street address:	City:	State:	Compensation (Starting)		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Starting job title/final job title:			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 E-Mail:	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per	
What did you like most about your position?					
What were the things you like least about the position?					

Employer:	Telephone #:	Dates employed:	Month / Year	to	Month / Year
Street address:	City:	State:	Compensation (Starting)		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Starting job title/final job title:			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 E-Mail:	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per	
What did you like most about your position?					
What were the things you like least about the position?					

Employer:	Telephone #:	Dates employed:	Month / Year	to	Month / Year
Street address:	City:	State:	Compensation (Starting)		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Starting job title/final job title:			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 E-Mail:	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per	
What did you like most about your position?					
What were the things you like least about the position?					

Employer:	Telephone #:	Dates employed:	Month / Year	to	Month / Year
Street address:	City:	State:	Compensation (Starting)		
			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Starting job title/final job title:			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 E-Mail:	Compensation (Final)			
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per	
What did you like most about your position?					
What were the things you like 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 and State)	Date Completed	Completed	GPA Class Rating	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: <input type="checkbox"/> Certification: <input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: <input type="checkbox"/> Certification: <input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: <input type="checkbox"/> Certification: <input type="checkbox"/> Other:		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: <input type="checkbox"/> Certification: <input type="checkbox"/> Other:		

References

List names and telephone numbers of three business/work references who are *not* related to you and are previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-Mail	# of years known

--	--	--	--	--	--

Related Information

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

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.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

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.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

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 only 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.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race color, religion, national origin, citizenship, age disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race color, religion, national origin, citizenship, age disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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 (i) eliminate me from further consideration for employment, or (ii) 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
------------------------	------