



# APPLICATION FOR EMPLOYMENT

*PLEASE - NO PHONE CALLS ABOUT APPLICATION*

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

**PERSONAL INFORMATION** \* Optional

DATE \_\_\_\_\_ DR. LIC # & STATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \* \_\_\_\_\_ SEX \* \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO(S) \_\_\_\_\_

DATE OF BIRTH \* \_\_\_\_\_ HEIGHT \* \_\_\_\_\_ WEIGHT \* \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  
 CITIZEN OF U. S. A. YES \_\_\_\_\_ NO \_\_\_\_\_  
*PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.*

DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE?  
 IF YES, STATE NAME, RELATIONSHIP AND LOCATION \_\_\_\_\_

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

**EMPLOYMENT DESIRED**

| POSITION | FULL PART TIME TEMPORARY | DATE YOU CAN START | DESIRED SALARY RANGE |
|----------|--------------------------|--------------------|----------------------|
|          |                          |                    |                      |

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ IF YES GIVE DATE: \_\_\_\_\_

EVER BEEN EMPLOYED WITH US BEFORE? \_\_\_\_\_ IF YES GIVE DATE: \_\_\_\_\_

**EDUCATION**

|  | NAME AND LOCATION OF SCHOOL | CIRCLE LAST    | DATE *    | SUBJECTS STUDIED |
|--|-----------------------------|----------------|-----------|------------------|
|  |                             | YEAR COMPLETED | GRADUATED |                  |
| HIGH SCHOOL                              |                             | 1 2 3 4        |           |                  |
| COLLEGE                                  |                             | 1 2 3 4        |           |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                             | 1 2 3 4        |           |                  |

CHECK THE TYPES OF VEHICLES YOU ARE QUALIFIED, THROUGH EXPERIENCE, TO OPERATE:  
 PASSENGER CAR \_\_\_\_\_ LIGHT TRUCK \_\_\_\_\_ ELECTRIC PALLET JACK \_\_\_\_\_ FORKLIFT \_\_\_\_\_

SUBJECT OF SPECIAL STUDY OR SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES. \_\_\_\_\_

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY. \_\_\_\_\_

**FORMER EMPLOYERS:** LIST BELOW LAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT ONE.

| DATE<br>MONTH & YEAR | NAME & TELEPHONE<br>& SUPERVISOR OF EMPLOYER | MAY WE CONTACT THESE EMPLOYERS? |    | REASON FOR<br>LEAVING |
|----------------------|--|---------------------------------|----|-----------------------|
|                      |  | YES                             | NO |                       |
| FROM                 |  |                                 |    |                       |
| TO                   |  |                                 |    |                       |
| FROM                 |  |                                 |    |                       |
| TO                   |  |                                 |    |                       |
| FROM                 |  |                                 |    |                       |
| TO                   |  |                                 |    |                       |
| FROM                 |  |                                 |    |                       |
| TO                   |  |                                 |    |                       |

**REFERENCES:** Give the names three people you have known at least one year. Do not include family members or past supervisors.

| NAME | PHONE | OCCUPATION | YEARS<br>ACQUAINTED |
|------|-------|------------|---------------------|
|      |       |            |                     |
|      |       |            |                     |
|      |       |            |                     |

**RESTRICTION:**

Any Hour Restriction? YES  NO  If yes explain \_\_\_\_\_  
 Any Work Restrictions? YES  NO  If yes explain \_\_\_\_\_  
 Smoker? YES  NO  If yes, since building is smoke free, will this be a problem? \_\_\_\_\_  
 Transportation a problem? YES  NO  If yes please explain. \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

**Applicant's Statement:**

All references and former employers may be checked \_\_\_\_\_ All but the following \_\_\_\_\_

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

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**PERSON TO BE CONTACTED IN EMERGENCY**

| Name | Address | City-State | Phone Number | Relationship |
|------|---------|------------|--------------|--------------|
|      |         |            |              |              |