

EMPLOYMENT 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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	Who Referred You to Us?
-------------------------	---------------------	-------------------------

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Telephone Number(s)	Social	Security	Number

Best time to contact you at home is: _____ : _____ AM / PM

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

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

Do any of your friends, or relatives, other than spouse, work here? No Yes
 If Yes, state name, relationship and location _____

Are you currently employed? No Yes

Are you prevented from lawfully becoming employed in this country because of
 Visa or Immigration Status? No Yes
Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ | _____ | _____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? No Yes

Can you travel if a job requires it? No Yes

Limiting Physical Conditions? Allergies? Explain _____

Is there any activity you cannot do or have been advised not to do _____ ? Explain _____

What special skills & qualifications do you have? _____

What machines can you operate? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of school	Course of Study	Years Completed	Degree
High School				
College				
Other (Specify)				

WORK EXPERIENCE (TOTAL FIVE (5) YEARS EMPLOYMENT)

Employer	Dates Employed		Work Performed		
Address	From	To			
	Hourly Rate/Salary				
Starting/Present Job Title					
Supervisor					
Reason for Leaving	May we contact?		<input type="checkbox"/>	No	<input type="checkbox"/> Yes

Employer	Dates Employed		Work Performed		
Address	From	To			
	Hourly Rate/Salary				
Starting/Present Job Title					
Supervisor					
Reason for Leaving	May we contact?		<input type="checkbox"/>	No	<input type="checkbox"/> Yes

Employer	Dates Employed		Work Performed		
Address	From	To			
	Hourly Rate/Salary				
Starting/Present Job Title					
Supervisor					
Reason for Leaving	May we contact?		<input type="checkbox"/>	No	<input type="checkbox"/> Yes

Employer	Dates Employed		Work Performed		
Address	From	To			
	Hourly Rate/Salary				
Starting/Present Job Title					
Supervisor					
Reason for Leaving	May we contact?		<input type="checkbox"/>	No	<input type="checkbox"/> Yes

REFERENCES (NOT EMPLOYERS OR RELATIVES – AT LEAST THREE)

Name	Address	Occupation	Phone
Name	Address	Occupation	Phone
Name	Address	Occupation	Phone

PLEASE READ CAREFULLY

I hereby certify that the answers given and statements made are true and correct. I hereby authorize all my previous employers, or references to furnish any information concerning my personal character, habits or employment records. You may make investigation through credit investigating agencies. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

Witness (Company Interviewer) Signature

Applicant's Signature