

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date: _____ Position applied for: _____

Referral Source:

Friend Relative Walk-in Employment Agency

Advertisement (please indicate source): _____

Name: _____
 Last First Middle

Address: _____
 Street

 City State Zip

Telephone: _____ Email: _____

If employed and you are under 18, can you furnish a work permit? Yes No N/A

Have you filed an application here before? Yes--Date: _____ No

Have you ever been employed here before? Yes--Date: _____ No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work?

Are you available to work: Full Time Part-Time Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain.

Education:

	Name and location of school	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Reason for leaving _____

Dates employed:	
From:	To:
Hourly rate/salary:	
Starting:	Final:

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Reason for leaving _____

Dates employed:	
From:	To:
Hourly rate/salary:	
Starting:	Final:

Employer: _____

Address: _____

Telephone: _____

Job Title: _____

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Employer: _____

Address: _____

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Job Title: _____

Supervisor: _____

Work Performed: _____

Reason for leaving _____

Dates employed:	
From:	To:
Hourly rate/salary:	
Starting:	Final:

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

Other qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized skills:

skills/equipment operated:

List Software used:

Operating Systems:

Word Processing:

Spreadsheet:

Database:

Cad: PCB

Cad: Mechanical

Web Authoring:

Other:

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

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No

A description of the activities involved in such a job or occupation is attached.

References:

Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____ Best time to contact: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____ Best time to contact: _____

Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____ Best time to contact: _____

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

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 of time 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 employment, 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: _____ Date: _____