## Application for Employment AN EQUAL OPPORTUNITY EMPLOYER



## NOTICE: YOU ARE REQUIRED TO PERFORM A PRE-EMPLOYMENT DRUG TEST.

For positions requiring specific physical abilities, a passing score on a CRT Machine Test will also be required.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department. This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title 1 of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

PLEASE PRINT Position(s) applied for _			_ Date of application		
Referral Source	☐Advertisement ☐Walk In	☐Employee ☐Relative ☐Private employee Agency	Government Employee Agency Other		
		PRE-EMPLOYMENT, POST	ACCIDENT, AND	SUSPICION.	
Name	Last	First	Middle		
Address Telephone #	Street	City Cell Phone #	State	Zip	
Email Address		Social Security	#		
If necessary, best t	ime to call you at h	nome is		· · · · · · · · · · · · · · · · · · ·	
May we contact you	u at work?			Yes □No	
If yes, work numbe	r and best time to	call(_	)		
If you are under 18	can you furnish a	work permit?		Yes No	
,	• •	fore?			
		pefore?From			
(Proof of US Citizenshi	p or immigration status	nt in this country?s will be required upon employment	t.)		
Type of employmen	nt desired F	ull Time Part Time Ter	mporary Seasonal	Educational	
Are you on lay-off a	and subject to reca	ll?		Yes □No	
Will you travel if job	requires it?			Yes	
Are you able to me	et the attendance	requirements of the position?		Yes No	
Will you work overt	ime if required?			Yes No	
(Such conviction may b	e relevant if job relate	lony in the last (7) years? d, but does not bar you from emplo	yment.)		
Driver's license nur	mber (if job related	)		tate	

**Employment History** 

Employer	Dates E	mployed	Summarize the nature of the work	
	From	То	performed and job responsibilities	
Address				
Job Title	Hourly R	ate/Salary		
	Start			
mmediate Supervisor and Title	\$	per		
Reason for Leaving	Hourly Rate/Salary			
	Final			
May we contact for reference? Yes no Later	\$	per		
May we contact for reference?	Dates Employed		Summarize the nature of the work	
	From To		performed and job responsibilities	
Address	110111	10		
Job Title	Hourly R	_ ate/Salary		
	Start			
mmediate Supervisor and Title	\$	per		
Reason for Leaving	Hourly Rate/Salary			
	Final			
May we contact for reference?  Yes no Later	\$	per		
Employer	Dates Employed		Summarize the nature of the wor	
	From	То	performed and job responsibilities	
Address				
Job Title	Hourly R	ate/Salary		
	Start			
mmediate Supervisor and Title	\$	per		
Reason for Leaving	Hourly R	ate/Salary		
	Final		1	
	\$	per		
May we contact for reference?	Dates 5	mployed	Summarize the nature of the work	
Employer	From	To	performed and job responsibilities	
Address	FIOIII	10		
	11	at a 10 = 1		
Job Title	Hourly Rate/Salary Start		-	
mmediate Supervisor and Title	\$	per		
Reason for Leaving	Hourly Rate/Salary			
	Final		-	
	\$	per		
May we contact for reference? YesnoLater				
Comments (including explanation of any gaps in employment)				
Skills and Qualifications – Summarize any special training, skills, I	icenses certifi	cates and/or o	characteristics of yourself that may	

## Personal Background (if job related)

					number of years co lajor and minor fie		C. Indicate degree or if applicable).				
A. School		B. Years Completed		C. Degree Diploma	D. GPA Class Rank	E. Majo	or E. Minor				
List any foreign langua	List any foreign language(s) you know and check the boxes that describe your skill level.										
Language	Speak Some Sp		Spe	eak Fluently	Read		Write				
References	1					<u>'</u>					
List name and telephor supervisors. If not app							are <i>not</i> previous				
supervisors. If not applicable, list three school or personal Name			Telephone			Years Known					
	Hamo			Area Code	опортионо		Todio Milowii				
				Area Code							
				Area Code							
List professional, trade	e, business, or c	vic asso	ciations	() s and any offices	held. (Exclude m	embership	os which would				
reveal sex, race, religio	on, national origi	n, age, c	olor, dis	sability or other p	protected status.)						
	Organization				Offices Held						
List special accomplicit	hmante nublicat	ione au	arde /	Evolude member	rehine which was	ıld reveal a	ev race religion				
List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)											
_											
List any additional information you would like us to consider.											

## **Applicants 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 a 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 of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview Yes No Remarks \_\_\_\_\_\_ INTERVIEWER Date of Employment \_\_\_\_\_/\_\_\_/\_\_\_\_ Employed Yes No Job Title \_\_\_\_\_ Hourly Rate/Salary \$\_\_\_\_ Department\_\_\_\_ Date \_\_\_\_\_/\_\_\_/ NAME AND TITLE NOTES: