



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

**(Please Print)**

Position(s) Applied For		Date of Application		
How Did You Hear About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Employee _____
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Inquiry		<input type="checkbox"/> Other _____
Name (Last, First, Middle)				
Street Address (Number, Street, City/Town, State, Zip Code)				
Home Telephone		Cell Phone		Social Security Number
<b>EDUCATION</b>				
School	Name and Address	Course of Study	Number of Years Completed	Diploma/Degree
Elementary				
High School				
Undergrad College				
Graduate/Professional				
Other (Specify)				
<b>EMPLOYMENT EXPERIENCE</b>				
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 legally protected status.				
Employer		Date Employed		Work Performed
Address		From		
Telephone Number		To		
Job Title	Supervisor			

Employer		Date Employed From _____ To _____	Work Performed
Address			
Telephone Number			
Job Title	Supervisor		
Reason for Leaving			

Employer		Date Employed From _____ To _____	Work Performed
Address			
Telephone Number			
Job Title	Supervisor		
Reason for Leaving			

Comments: Include any explanation of any gaps in employment.

Describe any specialized training , apprenticeships, 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 legally protected status.

**ADDITIONAL INFORMATION AND/OR SPECIALIZED SKILLS**

**NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

**Can you perform the essential functions of the job for which you are applying either with or without a reasonable accommodation?     YES     NO**

**REFERENCES**

Name	Phone Number
1.	
2.	
3.	

**APPLICANT'S STATEMENT**

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 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 the Employee at any time with or without cause.

I understand that not fully completing application and accompanying legal documents may result in delay of processing and/or elimination of interview consideration process.

In the event employment, I understand that false or misleading information given in any 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date