

# Employment Application

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non-job-related medical condition or disability.

Please read acknowledgements (page 3, section I), then complete application, using typewriter or ink.

<b>A</b> PERSONAL INFORMATION	<b>1</b>	NAME — Last	First	Middle	SOCIAL SECURITY NO.														
	<b>2</b>	PRESENT ADDRESS — Street	City	State	Zip Code	PHONE NO. ( )													
	<b>3</b>	PERMANENT ADDRESS — Street	City	State	Zip Code	PHONE NO. ( )													
	<b>4</b>	EMERGENCY PHONE NO. ( )			<b>5</b>	AGE (if under 18)													
	<b>6</b>	Have you applied for employment or been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give position(s) and date(s).																	
	<b>B</b> EMPLOYMENT INTEREST	<b>1</b>	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL				<b>2</b>	DATE AVAILABLE FOR WORK											
<b>3</b>		WHAT POSITION ARE YOU SEEKING?	<b>4</b>	MINIMUM SALARY REQUIREMENT		<b>5</b>	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO												
<b>6</b>		CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions.) <input type="checkbox"/> YES <input type="checkbox"/> NO					<b>7</b>	Are you on layoff or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO											
<b>8</b>		DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? If yes, List Name(s), Relationship(s) and Department(s). <input type="checkbox"/> YES <input type="checkbox"/> NO																	
<b>C</b>		EDUCATION: ELEMENTARY HIGH COLLEGE/UNIVERSITY GRADUATE/PROFESSIONAL																	
<b>C</b> EDUCATIONAL RECORD	<b>1</b>	NAME AND LOCATION OF SCHOOL																	
	<b>2</b>	YEARS COMPLETED (CHECK)		<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	<b>3</b>	DIPLOMA/DEGREE YEAR RECEIVED																	
	<b>4</b>	MAJOR FIELD OF STUDY																	
	<b>5</b>	AREA(S) OF SPECIALIZED TRAINING:																	
	<b>6</b>	TITLE OF THESIS AND SPECIAL RESEARCH PROJECT(S):																	
	<b>7</b>	HONORS RECEIVED:																	
	<b>8</b>	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:																	
	<b>9</b>	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:																	
	<b>10</b>	SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:				<b>11</b>	TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:												

An Equal Opportunity Employer

**D**

PREVIOUS EMPLOYMENT: \_\_\_\_\_ with your present or last job, and list all employ\_\_\_\_\_it experiences. If additional space is needed, use an extra sheet of paper.

EMPLOYMENT EXPERIENCE

CURRENT OR PREVIOUS EMPLOYER	<b>1</b>	EMPLOYER	DUTIES	DATES EMPLOYED	
		ADDRESS		FROM	TO
		JOB TITLE		HOURLY RATES/SALARY	
		SUPERVISOR		STARTING	FINAL
		REASON FOR LEAVING OR WANTING TO LEAVE			
NEXT PREVIOUS EMPLOYER	<b>2</b>	EMPLOYER	DUTIES	DATES EMPLOYED	
		ADDRESS		FROM	TO
		JOB TITLE		HOURLY RATES/SALARY	
		SUPERVISOR		STARTING	FINAL
		REASON FOR LEAVING OR WANTING TO LEAVE			
NEXT PREVIOUS EMPLOYER	<b>3</b>	EMPLOYER	DUTIES	DATES EMPLOYED	
		ADDRESS		FROM	TO
		JOB TITLE		HOURLY RATES/SALARY	
		SUPERVISOR		STARTING	FINAL
		REASON FOR LEAVING OR WANTING TO LEAVE			
NEXT PREVIOUS EMPLOYER	<b>4</b>	EMPLOYER	DUTIES	DATES EMPLOYED	
		ADDRESS		FROM	TO
		JOB TITLE		HOURLY RATES/SALARY	
		SUPERVISOR		STARTING	FINAL
		REASON FOR LEAVING OR WANTING TO LEAVE			
<b>5</b>	MAY WE CALL YOUR PRESENT EMPLOYER NOW? IF NO, WHEN MAY WE CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO   PHONE: (   )				

**E**

SPECIAL CONSIDERATIONS

<b>1</b>	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:	
	Driver's License Number	
	Name of Trade or Profession License Number	
<b>2</b>	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:	

<b>F</b>	<b>1</b>	GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.			
		Name	Relationship	Address	Phone No. (     )
					(     )

<b>G</b>	<b>1</b>	LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN.			
	<b>2</b>	CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION:			

<b>H</b>	<b>1</b>	BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	<b>2</b>	HIGHEST RANK ATTAINED	
	<b>3</b>	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	<b>4</b>	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know; you may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.			
	<b>5</b>	ARE YOU A VIETNAM ERA VETERAN? IF YES, MONTH AND YEAR ACTIVE DUTY COMPLETED. <input type="checkbox"/> YES <input type="checkbox"/> NO			
	<b>6</b>	ADDITIONAL COMMENTS:			

**PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION**

<b>I</b>	<b>1</b>	I certify that the answers given herein are true and complete to the best of my knowledge.			
	<b>2</b>	I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.			
	<b>3</b>	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.			
	<b>4</b>	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.			
	<b>5</b>	I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.			
	<b>6</b>	I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment.			
	<b>7</b>	Signature (Please sign — Do not type or print)	<b>8</b>	Date	

NOTE: A Resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.