APPLICATION FOR EMPLOYMENT



We consider applications 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.

Position(s) Applied For			Date of Application					
How Did You Learn About Us? □ Advertisement □ Friend □ Employment Agency □ Relative □ Other								
Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? □ Yes □ No								
Last Name	First Name Middle Name							
Address	City	State		Zip Coo	de			
Telephone Number(s) Social Security Number (v								
Best time to contact you at home is:								
If you are under 18 years		□ Yes	□ No					
Have you ever filed an ap		□ Yes	□ No					
Have you ever been emp		□ Yes	□ No					
Do any of your friends or	•••••	□ Yes	□ No					
If Yes, state name and relationship								
Are you currently employ		□ Yes	□ No					
May we contact your pre		□ Yes	□ No					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?								
Proof of citizen		□ Yes	□ No					
Have you ever been conv		□ Yes	□ No					
(If your answer is "yes", explain in detail on a separate page. A conviction may not disqualify you, but a false statement will.)								
Date available for work What is your desired salary range?								
Are you available to work:								
□ Full Time								
□ Part time (Mornings Afternoon Evenings)								
□ Temporary (Please indicate dates available)								
Are you currently on "lay-off" status and subject to recall? \qquad \qquad \text{No}								
Can you travel if a job requires it? □ Yes □ No								
EDUCATION					_			
School	Name and Address of School Co	ourse of Study	Number of Years Completed	Diplon	na/Degree			
High School								
Undergraduate College								
Graduate/Professional								
Other (Specify)								

EMPLOYMENT EXPERIENCE

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

Employer		Dates Employed From To		Work Performed		
Address		110111	10			
Telephone Number		Hourly Rate/Salary				
Job Title		Starting	Final			
Supervisor						
Reason for Leaving			May We	Contact?		
Employer		Dates E From	mployed To	Work Performed		
Address		110111	10			
Telephone Number		Hourly R	ate/Salary			
Job Title		Starting	Final			
Supervisor						
Reason for Leaving			May We	e Contact?		
Employer		Dates E From	mployed To	Work Performed		
Address		Tiom	10			
Telephone Number		Hourly R	ate/Salary	_		
Job Title		Starting	Final			
Supervisor						
Reason for Leaving			May We	Contact?		
ADDITIONAL INFORMATIO	N					
State any additional information you feel may Military.	be helpful to us in co	onsidering y	our applica	ation, including any job related training in the U.S.		
REFERENCES Do not include far	nily members or pas	st supervise	ors.			
Name	Name Phone Number		Best Time	e to Call Occupation		
APPLICANT'S STATEMENT						
THE PROPERTY OF THE PARTY OF TH	1			contained in this application for apple years as may be		

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 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 the 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. 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	Date