

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL	Last Name <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>			Date
	Street Address			Home Telephone
	City, State, Zip			Business or Cell Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year _____ Location _____			E-mail Address
	Position Desired			Social Security #
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Pay Expected
	Are you legally eligible for employment in the United States?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other special training or skills (languages, machine operation, etc.)			When will you be available to begin work? _____

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary		N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

Membership in Professional or Civic Organizations	
(Exclude those which may disclose your race, color, religion or national origin)	

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

<b>2</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

<b>3</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

<b>4</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?
Describe any training received to the position for which you are applying.		

Upon review of this Preliminary Application, we will contact you. If an in-person interview is appropriate, we will schedule it at that time. Please be aware that additional information may be requested for legally permissible reasons, including, without limitation, national security considerations a legitimate occupational qualification or business necessity.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

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The information provided in this Application for Employment is true, correct, and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Note: Typing your name represents your signature