



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For		Salary Desired		Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s) Home		Work		Social Security Number	

If you are under 18 years of age, please state your date of birth:

Have you ever filed an application with us before?  Yes  No

If yes, give date

Have you ever been employed with us before?  Yes  No

If yes, give date

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you a U.S. citizen or an alien lawfully authorized to work in the U.S.?  Yes  No

Proof of right to work in the U.S. will be required upon employment in accordance with the 1986 Immigration Reform and Control Act.

On what date would you be available for work?

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Professional License: \_\_\_\_\_ Current License: # \_\_\_\_\_ State Issued: \_\_\_\_\_

Secretarial, Clerical and Office Applicants Only: (Please check)

Can you type?  Yes  No Speed (WPM) \_\_\_\_\_



Run 10 Key Adding Machine?  Yes  No

Do You Know Medical Terminology?  Yes  No

List Other Secretarial, Clerical or Accounting Skills:

Computer Experience  Yes  No

Within the past ten (10) years have you been convicted of any crime (includes pleas of guilty or nolo contendere) or are you presently formally charged with committing a criminal offense? (Do not include crimes for which records are sealed or have been expunged or arrests that are no longer pending and did not result in conviction or guilty plea.).  Yes  No

If "Yes," please furnish details of the conviction(s) or pending charge(s), including nature of the offense, county and state where convicted or charged, date of conviction, sentence or fine imposed:

Regarding pending charges, what is the status of the complaint?

Within the past 30 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances, that were not prescribed to you by a physician or taken in accordance with your physician's prescription?  Yes  No

## Education

	Elementary School	High School	Undergraduate/ Professional	Graduate/ Professional
School Name and Location				
Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering



your application.

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

### References

Give name, address and telephone number of three employment references (previous employers, supervisors, co-workers, etc.) Identify any other name/or alias by which you may be known to the reference.

- |    |                    |
|----|--------------------|
| 1. | Work relationship: |
| 2. | Work relationship: |
| 3. | Work relationship: |

Have you ever had any job-related training in the United States military?  Yes  No  
If yes, please describe:

### Acknowledgment of job requirement:

I affirm that I have received and read a copy of the job description(s) for the above job(s) that I seek. I understand the qualifications and essential job functions required for such job(s). I state that:

(a) I meet all required qualifications.  Yes  No  
If "No" what qualifications do you lack?

(b) I can perform the essential job functions with or without reasonable accommodation.  Yes  No

### Complete Employment History

Fill out completely. Do NOT replace with "see resume". Please do not leave gaps in your employment history. List all jobs regardless of length of employment. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.



<b>Employer</b>	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			Supervisor
Was your last evaluation "satisfactory" or above? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No", what deficiencies were cited?			
Was your termination a voluntary quit <input type="checkbox"/> involuntary quit <input type="checkbox"/> lay-off <input type="checkbox"/> Or discharge? <input type="checkbox"/> Reason for leaving:			Are you eligible for rehire?

<b>Employer</b>	Dates Employed		Work Performed
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Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
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**Special Skills and Qualifications**

Summarize special job-related skills and qualification acquired from employment or other experience.

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**If you need additional space, please continue on a separate sheet of paper.**



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**More Important Information  
Regarding the Hiring Process and  
Employment Relationship**

**Employment-At-Will.** I understand that all employment for Employer is “at-will” meaning that either the Employer or I can terminate the employment relationship at any time with or without just cause and with or without prior notice. I understand that this condition of employment cannot be changed by verbal representations or by written representations made by any person who is not an owner, manager, or supervisor of Employer.

**Misrepresentations.** I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge (as is all the supplemental information submitted in conjunction with this Application). I understand that any misstatement or omission of fact on this Application or in any supplemental information may result in my not being hired, or if employed, my termination.

**Authorization of Investigation.** I authorize investigation of all statements contained in this Application (and accompanying resume, if any), including but not limited to investigation of my past employment, educational background, personal references, driving record, and criminal record. I release Employer and Employer’s representatives from all claims and liability to me for any damages I may suffer as a result of such investigation, including but not limited to claims or invasion of privacy, negligence, or tort claims, contract claims based on equitable theories. I will submit to and pass any drug test required by Employer as a condition of employment.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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In case of Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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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.