

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



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name		First		Middle		Date		
	Street Address						Primary Phone Number ()		
	City		State		Zip Code		Secondary Phone Number ()		
	Position Desired				Pay Expected		Social Security Number (Last Four Digits)		
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year _____ Location _____						Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Desired hours per week		Weekly Availability					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
						When will you be available to begin work?			
May we contact your present employer?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
May we contact your previous employers?				<input type="checkbox"/> Yes <input type="checkbox"/> No					

LIST PRESENT OR MOST RECENT EMPLOYER FIRST

E M P L O Y M E N T	Company Name		Telephone	
	Address		Employed (Month and Year) From To	
	Name of Supervisor		Weekly Pay Start Last	
	State Job Title and Describe Your Work		Reason for Leaving	

E M P L O Y M E N T	Company Name		Telephone	
	Address		Employed (Month and Year) From To	
	Name of Supervisor		Weekly Pay Start Last	
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E M P L O Y M E N T	Company Name		Telephone	
	Address		Employed (Month and Year) From To	
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E D U C A T I O N	School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<h1>MILITARY</h1>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, in what Branch?
Describe any military training received relevant to the position for which you are applying.		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>		

How did you learn about us? (Check one)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Applicant's Statement

PLEASE READ AND SIGN WITH DATE

I certify that answers given herein are true and complete to the best of my knowledge.

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 Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that no oral conversations are promises or guarantees regarding employment and that no such promise or guarantee is binding upon the company.

In the event of unemployment, 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