

APPLICATION FOR EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. We consider applications for all positions without regard to race, color, religion, creed, gender national origin, age, disability, marital or veteran status or any other legally protected status. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Personnel Department.

Position Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name		MI		
Address	Number	Street	City	State	Zip Code
Telephone(s)				Social Security Number	

Best time to contact you _____ : _____ ^{AM}/_{PM}

If you are less than 18 years of age, can you provide required proof of you eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed by us before? Yes No

Do any of your friends or relatives, other than spouse work here? Yes No
If yes, please provide name and relation _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country? Yes No

Date available to work? _____

Type of employment desired Full Time Part Time Temporary Educ. Co-op

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last seven years? Yes No
SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT

If yes, please explain _____

Driver's license number if job related _____ State _____

Employment History

List your last three (3) employers. Assignments or volunteer activities, starting with the most recent, including military experience.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Numbers				
Supervisor				May we contact?
Reason for leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Numbers				
Supervisor				May we contact?
Reason for leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Numbers				
Supervisor				May we contact?
Reason for leaving				

EDUCATION

School	Name and Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

ADDITIONAL INFORMATION OR SPECIALIZED SKILLS

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

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
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