

APPLICATION FOR EMPLOYMENT



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. As required by law, we provide reasonable accommodation as necessary for the disabled.

PLEASE PRINT

Position	Application date
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Name (last, first, middle)			
Address	City	State	Zip code
Home phone number	Cell phone number	Message phone number	
E-mail address			

Where did you hear about this open position? _____

Have you ever filed an application with us before?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "yes," give date:	_____	
Have you been employed with us before?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "yes," give date:	_____	
Are you currently employed?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "yes," may we contact your current employer?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>Conviction will not necessarily disqualify an applicant from employment.</i>		
If "yes," please explain.	_____	

Work applying for:	<input type="checkbox"/> full time (38 hours/week)	<input type="checkbox"/> part time
		<input type="checkbox"/> summer only
When would you be available for work?	_____	

—WE ARE AN EQUAL OPPORTUNITY EMPLOYER—

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected statuses. If you need additional space, please continue on a separate sheet of paper.

1. Employer	Dates employed	Work performed
	From:	
Address	To:	
City, State, Zip	Job title	Reason for leaving
Telephone number	Supervisor	

2. Employer	Dates employed	Work performed
	From:	
Address	To:	
City, State, Zip	Job title	Reason for leaving
Telephone number	Supervisor	

3. Employer	Dates employed	Work performed
	From:	
Address	To:	
City, State, Zip	Job title	Reason for leaving
Telephone number	Supervisor	

4. Employer	Dates employed	Work performed
	From:	
Address	To:	
City, State, Zip	Job title	Reason for leaving
Telephone number	Supervisor	

SPECIALIZED SKILLS

Check skills, programs, or equipment operated:

Spreadsheet software
 Database software
 Photocopier
 Word processing software
 Desktop publishing
 Other (please list) _____

EDUCATION

	Name and location of school	Course of Study	Years completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Indicate any languages, including sign language, that you can speak, read, and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

ADDITIONAL INFORMATION

State any additional information that may be helpful to us in considering your application. Include any specialized training, apprenticeships, and extracurricular activities. List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected statuses.
