



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_
Address \_\_\_\_\_
Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_
Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Referral Source (Please check the appropriate category and name the source.)

- Walk-in \_\_\_\_\_ School \_\_\_\_\_
Employee \_\_\_\_\_ Job Fair \_\_\_\_\_
Advertisement \_\_\_\_\_ Staffing Agency \_\_\_\_\_
Company Website \_\_\_\_\_ Government Employment Agency \_\_\_\_\_
Other Internet \_\_\_\_\_ Other \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? ..... Yes No

If yes, work number and best time to call: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? ..... Yes No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? ... Yes No

If yes, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before? ..... Yes No

If yes, give dates From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

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

Date available for work ..... \_\_\_/\_\_\_/\_\_\_

What is your desired salary range or hourly rate of pay?
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: Full Time Part Time
Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? ..... Yes No

Will you travel is job requires it? ..... Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? ..... Yes No

If no, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? ..... Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ..... Yes No

If yes, please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**Employment History**

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed:	Month	Year	to	Month	Year
Street Address	City	State	Compensation (Starting)				
Starting job title / final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/Other Compensation		\$	
Why did you leave?		Compensation (Final)					
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
What did you like most about your position?		Commission/Bonus/Other Compensation		\$			
What were the things you liked least about the position?							

Employer	Telephone # ( )	Dates employed:	Month	Year	to	Month	Year
Street Address	City	State	Compensation (Starting)				
Starting job title / final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/Other Compensation		\$	
Why did you leave?		Compensation (Final)					
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
What did you like most about your position?		Commission/Bonus/Other Compensation		\$			
What were the things you liked least about the position?							

Employer	Telephone # ( )	Dates employed:	Month	Year	to	Month	Year
Street Address	City	State	Compensation (Starting)				
Starting job title / final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/Other Compensation		\$	
Why did you leave?		Compensation (Final)					
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
What did you like most about your position?		Commission/Bonus/Other Compensation		\$			
What were the things you liked least about the position?							

Employer	Telephone # ( )	Dates employed:	Month	Year	to	Month	Year
Street Address	City	State	Compensation (Starting)				
Starting job title / final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Commission/Bonus/Other Compensation		\$	
Why did you leave?		Compensation (Final)					
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ per			
What did you like most about your position?		Commission/Bonus/Other Compensation		\$			
What were the things you liked least about the position?							

**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Computer Skills (Check appropriate boxes. Include software titles and years of experience.)**

- |  |              |   |              |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____     | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> Presentation _____    | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |
| <input type="checkbox"/> E-mail _____          | Years: _____ | <input type="checkbox"/> Other _____    | Years: _____ |

**Educational Background**

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in the lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete a 1-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from te employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_