



Employment Application

Name (Last, First, Middle): _____ Date: _____

Present Address (Street, City, State, ZIP): _____

Phone Number: _____ Email Address: _____

Referred By: _____

Employment Desired

Position(s): _____ Salary Desired: _____

Are You Available to Work: Full Time? Part Time? Date Available: _____

Have You Ever Applied to This Company Before? Yes No

If So, for What Position? _____ When? _____

Are You Legally Qualified for Employment Within the U.S.? Yes No

Education

High School Name & Location: _____

Years Attended: _____ Did You Graduate? Yes No Degree: _____

Trade/Business School Name & Location: _____

Years Attended: _____ Did You Graduate? Yes No Degree: _____

College Name & Location: _____

Years Attended: _____ Did You Graduate? Yes No Degree: _____

Please List Any Other Training That May Be Applicable to Your Skills and Abilities as a Job Applicant:



Prior Employment (Begin with most recent employer)

Employer: _____ Phone: _____

Address (Street, City, State, ZIP): _____

Title and Duties: _____

Supervisor's Name/Title: _____

Employed From: _____ To: _____ Starting Salary/Wage: _____ Final: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address (Street, City, State, ZIP): _____

Title and Duties: _____

Supervisor's Name/Title: _____

Employed From: _____ To: _____ Starting Salary/Wage: _____ Final: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Address (Street, City, State, ZIP): _____

Title and Duties: _____

Supervisor's Name/Title: _____

Employed From: _____ To: _____ Starting Salary/Wage: _____ Final: _____

Reason for Leaving: _____

For additional employers, please document information on a separate sheet of paper and attach to application.

Are You Currently Employed? Yes No

If So, May We Inquire of Your Present Employer? Yes No

Will Your Former Employer(s) Give You a Favorable Reference? Yes No

If No, Please Explain: _____

Have You Ever Been Fired, Discharged, or Asked to Resign from Employment? Yes No

If Yes, Please Explain: _____

References

List the Names of Persons Whom You Have Known at Least Two Years. *Do Not List Relatives.*

Name: _____ Address: _____

Phone: _____ Type: _____ Years Known: _____

Name: _____ Address: _____

Phone: _____ Type: _____ Years Known: _____

Name: _____ Address: _____

Phone: _____ Type: _____ Years Known: _____

Name: _____ Address: _____

Phone: _____ Type: _____ Years Known: _____

Name: _____ Address: _____

Phone: _____ Type: _____ Years Known: _____

I warrant that all information contained in this application is factual to the best of my knowledge. I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if hired, my employment is "at will" for no definite period and may be terminated at any time without previous notice.

Date: _____ Signature: _____

It is our policy to comply with all federal and state laws concerning non-discrimination and equal employment opportunity, regardless of race, color, sex, national origin, religion, age, sexual orientation, gender identity, disability,(except where handicap or age is a bona fide occupational qualification), veteran status or organizational membership. It is our policy to take affirmative action towards the goals and intentions of the applicable laws.

Voluntary Self-Identification Form

The following statistical information is used only for compliance with federal laws assuring equal employment opportunity without regard to race, color, sex, national origin, religion, age, sexual orientation, gender identity, disability, veteran status, or any other classification protected by federal, state, or local law. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired.

Name: _____ Address: _____

Position Applied For: _____ Gender: M F

Referral Source:

- Advertisement Employment Agency Employee Referral
 Unsolicited Other—Specify: _____

Race/Ethnic Identification:

Check the description that best corresponds to the ethnic group with which you identify.

- Hispanic or Latino:** Persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
If you check here, do you consider yourself Hispanic or Latino?
- White (Not Hispanic or Latino):** Person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American (Not Hispanic or Latino):** Person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** Person having origins in any of the original peoples of North and South America (including central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** Persons who identify with more than one of the above races.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans requires that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment.

Disabled/Veteran Status:

Check one if it describes your veteran status.

- Disabled Individual:** Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities (2) has a history of such impairment or (3) is regarded as having such an impairment.
- Recently Separated Veteran:** Defined as any veteran during the 3-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Armed forces service medal veterans:** Defined as any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other Protected Veteran:** Defined as a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition

Applicant Signature: _____ Date: _____