

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer



			Date
Last Name		First Name	Middle Initial
PRESENT ADDRESS			
Street Address		Apartment/Unit #	
City	State	ZIP	
		How long have you lived at this address?	
PREVIOUS ADDRESS			
Street Address		Apartment/Unit #	
City	State	ZIP	
		How long did you live at this address?	
APPLICANT INFORMATION			
Phone		E-mail Address	
Date Available	Social Security No.	Earnings expected	per
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you seeking full-time or part-time employment?	FULL <input type="checkbox"/>	PART <input type="checkbox"/>	
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, why are you looking to change jobs?
Have you worked for our company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from _____ to _____
Are you known by another name?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what name are you known by?
Are you over 21?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, what is your date of birth?
Have you ever been terminated by an employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give details:
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give details:
(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)			
Have you ever received unemployment compensation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and from what employers? (use space below)

REFERENCES

Please list three professional references. (not former employers or relatives)

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

EDUCATION

Primary School		Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LAST GRADE COMPLETED	5 TH	6 TH	7 TH	8 TH

High School		Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LAST YEAR COMPLETED	1 ST	2 ND	3 RD	4 TH

College		Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LAST YEAR COMPLETED	1 ST	2 ND	3 RD	4 TH

Other		Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LAST YEAR COMPLETED	1 ST	2 ND	3 RD	4 TH

MILITARY SERVICE

Have you served in the U.S. Armed Forces? YES NO

If yes, what branch? From To

Did you receive an honorable discharge? YES NO

If other than honorable, please give details (use space below, if needed)

OTHER TRAINED SKILLS

Please list types of machines, equipment, or software you are trained to operate:

Please list any job-related special licenses and/or certificates you now hold:

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT EMPLOYER)			
Company		Phone ()	
Address		Immediate Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities/ Duties			
From	To		
Reason for leaving:	STILL EMPLOYED <input type="checkbox"/>	QUIT <input type="checkbox"/>	TERMINATED <input type="checkbox"/> LAID OFF <input type="checkbox"/>
	OTHER <input type="checkbox"/>	Please explain:	
Are you eligible for rehire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If still employed, may we contact your supervisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will your present/past employment record show that you attended regularly and performed a reasonable day's work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company		Phone ()	
Address		Immediate Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities/ Duties			
From	To		
Reason for leaving:	STILL EMPLOYED <input type="checkbox"/>	QUIT <input type="checkbox"/>	TERMINATED <input type="checkbox"/> LAID OFF <input type="checkbox"/>
	OTHER <input type="checkbox"/>	Please explain:	
Are you eligible for rehire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If still employed, may we contact your supervisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will your present/past employment record show that you attended regularly and performed a reasonable day's work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company		Phone ()	
Address		Immediate Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities/ Duties			
From	To		
Reason for leaving:	STILL EMPLOYED <input type="checkbox"/>	QUIT <input type="checkbox"/>	TERMINATED <input type="checkbox"/> LAID OFF <input type="checkbox"/>
	OTHER <input type="checkbox"/>	Please explain:	
Are you eligible for rehire?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If still employed, may we contact your supervisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will your present/past employment record show that you attended regularly and performed a reasonable day's work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DRIVER APPLICANTS ONLY (ATTACH ADDITIONAL SHEET OF PAPER IF NECESSARY)

List names, addresses, dates of employment, and reason for leaving such employment of other companies you have worked for in the last ten (10) years.

The following is a true and complete list of traffic violations (other than parking tickets) for which I have knowingly been convicted or forfeited bond or collateral during the last thirty-six (36) months:

The following is a true and complete list of all motor vehicle accidents I was involved in during the last thirty-six (36) months: (give nature of each accident and any fatalities or personal injuries caused)

Have you had your privilege, license or permit to operate a motor vehicle suspended, denied, or revoked? YES NO If yes, please give details:

Do you have a valid drivers or commercial drivers license? YES NO (If yes, please answer the following questions.)

Expiration Date	License Number	State of Issue
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JOB APPLICANT'S AGREEMENT AND CERTIFICATION (PLEASE READ CAREFULLY)

I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, references, previous employers (unless otherwise indicated), and others, and hereby release the Company from any liability as a result of such contact. I understand that any misrepresentation or omission of important facts and relevant information called for is just cause for dismissal at any time without previous notice. I further understand that the first ninety days of employment with this Company shall be a trial period, and further that at any time during the trial period and thereafter, my "at will" employment relationship with the Company is terminable for any reason or no reason by either party. If employed, I understand that the Company may unilaterally change or revise fringe benefits, policies, and procedures and such changes may include reduction in benefits. I understand that my employment is contingent upon meeting the requirements of the Immigration Reform and Control Act of 1986. If no action is taken on this application within 365 days of signature, it will be destroyed.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant	Date
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VOLUNTARY APPLICANT SELF-IDENTIFICATION FORM

The Company is committed to employment opportunity for all employees and applicants. As a federal contractor, the Company is required to take affirmative action to employ and advance employment of women and minorities, disabled individuals, disabled veterans and veterans of the Vietnam Era. To assist the Company in properly identifying its employees and applicants for consideration in the Company's Affirmative Action Program and to comply with Federal and State Requirements, we request that you complete the information below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you have any concerns in answering these questions, please contact Human Resources.

Last Name	First Name
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Check the box to the right, if you decline to complete this form.
(refusal to provide it will not subject you to any adverse treatment)

Gender? MALE FEMALE

RACE/ETHNIC GROUP

- | | |
|--|--|
| <input type="checkbox"/> Caucasian/White | Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin). |
| <input type="checkbox"/> Black | Persons having origins in any of the black racial groups of Africa (not of Hispanic origin). |
| <input type="checkbox"/> Hispanic | Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture. |
| <input type="checkbox"/> Asian or Pacific Islanders | Personal having origins in any of the original peoples of the Far East, Southeast Asia, the India Subcontinent (including India and Pakistan) or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic and Samoa; and, on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan. |
| <input type="checkbox"/> American Indian or Alaskan Native | Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or have community recognition as an American Indian or Alaskan Native. |

VETERANS STATUS

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | The period beginning on February 28, 1961 and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period. The period beginning on August 5, 1964 and ending on May 7, 1975 in all states. |
| <input type="checkbox"/> Disabled Veteran | Veteran with a disability of 30 percent or more under laws administered by the VA: or discharged or released from active military service for a disability incurred or aggravated in the line of duty. |

DISABLED

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | Having a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairments, or is reported as having such impairment.) |
| <input type="checkbox"/> No | Does not meet criteria in line above. |

Signature of Applicant

Date