



## APPLICATION FOR EMPLOYMENT

Position(s) applied for _____		Application Date _____	
Last Name _____			Middle Initial _____
First Name _____			
Address _____		Number _____	Street _____
City _____		State _____	Zip Code _____ Telephone Numbers _____

Have you ever filed an application with us before?	___ Yes ___ No
Have you ever been employed with us before?	___ Yes ___ No
Do any of your friends or relatives other than spouse, work here?	___ Yes ___ No
Are you currently employed?	___ Yes ___ No
May we contact your present employer?	___ Yes ___ No
Can you travel if the job requires it?	___ Yes ___ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration will be required upon employment</i>	___ Yes ___ No
Are you currently on "lay-off" status and subject to recall?	___ Yes ___ No
Date available to work ___/___/___	What is your desired salary range? _____
How did you learn about us? _____	



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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 status:

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?      \_\_\_ YES      \_\_\_ NO

## REFERENCES

- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

(Name)

\_\_\_\_\_

(Address)
- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

(Name)

\_\_\_\_\_

(Address)
- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

(Name)

\_\_\_\_\_

(Address)