

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.

(PLEASE PRINT)

Last Name	First Name:	Middle Name:
Street Address:	City:	State: Zip Code:
Telephone Number(s):		Social Security Number:
Email:		

Position(s) applied for:	Date of Application:	
How did you learn about this position and/or employer?		
<input type="radio"/> Advertisement	<input type="radio"/> Friend	<input type="radio"/> Walk-in
<input type="radio"/> Employment Agency	<input type="radio"/> Relative	<input type="radio"/> Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Have you ever completed an application with us before? Yes ___ No ___

If yes, provide approximate date: _____

Have you ever been employed with us before? Yes ___ No ___

If yes, provide approximate date: _____

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you eligible to work in the U.S.? Yes ___ No ___

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

What shifts are you available to work? 1st 2nd 3rd Any

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

If hired for a material handling position, are you able to lift 50 pounds? Yes ___ No ___

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.

EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
EMPLOYER		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>

Education/Skills

EDUCATION LEVEL	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate				
Post-Graduate				

Indicate any foreign languages you can speak, read and/or write			
	FAIR	GOOD	FLUENT
SPEAK			
READ			
WRITE			

Indicate your level of experience with the following office tools			
	BEGINNER	INTERMEDIATE	EXPERT
PERSONAL COMPUTER			
MS EXCEL			
MS WORD			
FAX MACHINE			

Specialized Skills: *Production or Specialized Machinery/Equipment Operated*

List Machinery: _____

Other Qualifications/Certifications:
 Summarize special job-related skills and qualifications acquired from employment, certifications, or other experience:

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

Professional/Business References (List up to 3, not related to you)

1. Name _____ Phone # ()
 Address _____

2. Name _____ Phone # ()
 Address _____

3. Name _____ Phone # ()
 Address _____

