

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. *(Please Print)*

PERSONAL INFORMATION

Date of Application: _____ Site: _____

Position(s) Applied For: _____

Name: _____
(First) (Last) (M.I.)

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone Number: _____ S.S #: _____ - _____ - _____

Have you ever been employed here before? Yes No

If yes, give date: _____ Position held: _____

Do any of your friends or relatives work here? Yes No

If yes, state name, relationship, and location: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of or pled guilty to a crime or have criminal charges currently pending against you? Yes No

If yes, please explain (conviction will not necessarily disqualify applicant from employment)

Are you a Veteran of the U.S. Military Service? Yes No

EDUCATION

EDUCATION	NAME & LOCATION	COURSE OF STUDY	GRADUATED		DEGREE/DIPLOMA
			YES	NO	
College					
High School					
Other					

SPECIALIZED SKILLS (Skills Equipment Operated)

- Terminal
 PC/MAC
 Typewriter – WPM_____
 Word Processing
 MS Office
 Word
 Excel
 Access
 Power Point
 Other: _____

List professional, trade, business, or civic activities and offices held. You may exclude membership, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Summarize special job-related skills and qualifications acquired from employment or other experience that you feel may be helpful to us in considering your application _____

LICENSE AND CERTIFICATION INFORMATION

List all applicable licenses or certifications that you have and their expiration dates below:

_____	____/____/____	____/____/____
License/Certification	Date Issued	Date Expired
_____	____/____/____	____/____/____
License/Certification	Date Issued	Date Expired
_____	____/____/____	____/____/____
License/Certification	Date Issued	Date Expired

EMPLOYMENT EXPERIENCE -- (May attach extra sheet if necessary)

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

1) _____
(Employer) (Telephone Number)

_____ (Address) (Dates Employed)

_____ (Job Title) (Supervisor)

_____ (Hourly Rate/Salary) (Starting/Final)

_____ (Work Performed)

_____ (Reason for Leaving)

2) _____
(Employer) (Telephone Number)

_____ (Address) (Dates Employed)

_____ (Job Title) (Supervisor)

_____ (Hourly Rate/Salary) (Starting/Final)

_____ (Work Performed)

_____ (Reason for Leaving)

3) _____
(Employer) (Telephone Number)

_____ (Address) (Dates Employed)

_____ (Job Title) (Supervisor)

_____ (Hourly Rate/Salary) (Starting/Final)

_____ (Work Performed)

_____ (Reason for Leaving)

Please explain all gaps in your employment, and if applicable why you were unemployed for a period in excess of one month: _____

OTHER INFORMATION

On what date would you be available for work? _____ Desired salary range: _____

Are you available to work: Full-time Part-time Temporary Shift Work Weekends?

Are there hours or days of the week you cannot work? Yes No

If so, when: _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

REFERENCES

Give name, address, and telephone number of three references that are not related to you. (Include former employers or teachers.)

1). _____

2). _____

3). _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

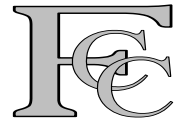
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of the employer.

(Signature)

(Date)



“Applicant Characteristic Survey Form”

To All Applicants:

Please complete the following form. The information requested will in no way affect your application for employment. This data is used for government reporting and research purposes only to ensure that this agency is reaching all segments of the population and is providing equal opportunity employment. This form is removed and kept separate from applications.

Date: _____

Site: _____

Position Applied For: _____

PLEASE CIRCLE THE NUMBER BY THE CORRECT ANSWER

- A. What sex are you?
 - 1. Male
 - 2. Female
- B. What is your age? (*Indicate the age group in which you fall*)
 - 1. 1 – 24 years
 - 2. 25 – 29 years
 - 3. 30 – 39 years
 - 4. 40 – 49 years
 - 5. 50 – 59 years
 - 6. 60 – 64 years
 - 7. 65 – 69 years
 - 8. 70 or more years
- C. Are you a U.S. Citizen?
 - 1. Yes
 - 2. No
- D. Of the following, which racial/ethnic group do you consider yourself a member?
 - 1. American Indian
 - 2. African American
 - 3. Oriental
 - 4. Spanish or Mexican American
 - 5. Caucasian
 - 6. Other: _____
- E. Do you have a mental or physical disability that should be considered in job placement?
 - 1. Yes
 - 2. No
 - If yes, please describe: _____
- F. How did you learn about this position?
 - 1. Employment Security
 - 2. Newspaper Advertisement
 - 3. Friend
 - 4. Job Center
 - 5. Advent
 - 6. Other: _____