

EMPLOYMENT APPLICATION

WE ARE A DRUG FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

PLEASE PRINT

Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: (____) _____ Home Telephone: (____) _____

How were you referred to us?

Newspaper Ad School On my own Agency Current Employee Other

Name of referral source: _____

Indicate the position for which you are applying: _____

Do you wish to work: Full Time; Part Time; Temporarily?

If part time, specify hours or days: _____

What is your minimum weekly salary requirement? _____

Date available for work: _____

Do you have any commitments to another employer that might affect y our employment with us? Yes No

If your answer is yes, please explain: _____

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18 years old? Yes No

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes: Place: _____ Nature: _____

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

MILITARY EXPERIENCE

Where you in the U.S. Armed Forces? Yes No
 If yes, what branch? _____
 Dates of duty: From: _____ To: _____
 Rank at separation: _____
 Briefly describe your duties:

EMPLOYMENT HISTORY

List present employer or most recent employer first. (Use other side of the application, if necessary).

May we contact these employers? Yes No

Company Name	Address	Telephone
Employed	Supervisor's Name	Your Job Title
From: To:		
Your Salary	Reason for Leaving	Duties
Start: End:		

Company Name	Address	Telephone
Employed	Supervisor's Name	Your Job Title
From: To:		
Your Salary	Reason for Leaving	Duties
Start: End:		

Company Name	Address	Telephone
Employed	Supervisor's Name	Your Job Title
From: To:		
Your Salary	Reason for Leaving	Duties
Start: End:		

EDUCATION

School	Print Name, Number and Street, City, State and Zip Code for each school listing	Number of Years Completed	Degree, Major or Type of Course
High School			
College			
Graduate School			
Trade, Business, Night or Correspondence			

Describe any honor you have received: _____

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

Indicate any foreign languages you can speak, read and/or write:			
	Fluent	Good	Fair
Speak			
Read			
Write			

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

REFERENCES

LIST THREE REFERENCES: (Not Employers or Relatives)		
Name and Address	Occupation	Phone Number

Person to be notified in case of an emergency:

Name: _____ Telephone Number: _____

Address: _____

Are you physically and mentally able to perform the duties of the job for which you are applying? Yes No

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.