



Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Applicant's Name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone number: _____ Cell phone number: _____

Type of employment desired: Full-time _____ Part-time _____ Temporary _____

Date you will be available to work: _____

Hours of the day you are available to work: _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objections to working overtime if necessary? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

Have you been previously employed by our organization? Yes _____ No _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Have you been convicted of a crime in the last 7 years? Yes _____ No _____

If yes, please explain (a conviction will not automatically bar employment): _____

Drivers license number (if driving is an essential job duty): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone number: _____

Immediate supervisor and title: _____

Dates employed: from _____ to: _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone number: _____

Immediate supervisor and title: _____

Dates employed: from _____ to: _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone number: _____

Immediate supervisor and title: _____

Dates employed: from _____ to: _____ Salary/Wage: _____

Job summary: _____

Reason for leaving: _____

Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)?

Yes _____ No _____ If Yes, please explain _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Education

School	Name and location of school	Course of study	Completed	Years Completed	Did you Graduate?	Degree or Diploma
High						
Trade Sch.						
College						
Other						

Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service
Describe your duties and any special training	Period of Active Duty From _____ To _____
	Rank at Discharge
	Date of Final Discharge

References

Give below the names of three persons not related to you, whom you have known at least three years.

Name	Address	Telephone Number	Years Acquainted
1			
2			
3			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Applicant's signature: _____

Date: _____

New Employee Self-Identification Form*

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: _____ First Name: _____

Middle Initial: _____ (Optional) Social Security Number: _____

Gender: Please place a check next to the appropriate category.

MALE

FEMALE

Race/Ethnicity: Please check one.

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Veteran Status: Check all that apply.

I am a disabled veteran.†

I am a recently separated veteran.† Date of discharge (MM/DD/YY) _____

I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

Disability

I am an individual with a disability.*

I have received the form and decline to provide the requested information.

* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A

† If you need a definition of these terms, please see below.

SELF-IDENTIFICATION FORM DEFINITIONS

- The term "Disabled Veteran" means –
 - a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
- An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.