

# 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.

Date \_\_\_\_\_

(Please Print Clearly)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate or Cellular # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

- \* On what date would you be available for work? \_\_\_\_\_
- \* Are you available for work: ( ) Full-Time ( ) Part-Time ( ) Shift Work ( ) Temporary ( ) Weekends
- \* How did you learn about us? ( ) Advertisement ( ) Employment Agency ( ) Friend ( ) Walk-In ( ) Relative ( ) Other \_\_\_\_\_
- \* If you are under 18 years of age, can you provide required proof of your eligibility to work? ( ) YES ( ) NO
- \* Have you previously applied for employment with us? If yes, give date: \_\_\_\_\_ ( ) YES ( ) NO
- \* Have you ever been employed with us before? If yes, give date: \_\_\_\_\_ ( ) YES ( ) NO
- \* Are you currently employed? ( ) YES ( ) NO
- \* May we contact your present employer? ( ) YES ( ) NO
- \* Are you currently on "lay-off" status and subject to recall? ( ) YES ( ) NO
- \* Are you legally eligible for employment in this country? ( ) YES ( ) NO

AN EQUAL OPPORTUNITY EMPLOYER

| <b>EDUCATION</b>      | <b>Name and Address of School</b> | <b>Course of Study</b> | <b>Years Completed</b> | <b>Diploma Degree</b> |
|-----------------------|-----------------------------------|------------------------|------------------------|-----------------------|
| Elementary School     |                                   |                        |                        |                       |
| High School           |                                   |                        |                        |                       |
| Undergraduate College |                                   |                        |                        |                       |
| Graduate College      |                                   |                        |                        |                       |
| Other (Specify)       |                                   |                        |                        |                       |

Describe any specialized training, apprenticeships, skills, extra curricular activities, job related training received in the United States military or qualifications acquired from employment or other experience.

---



---



---



---



---



---



---

### **SPECIALIZED SKILLS**

|                                       |   |                                     |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Shorthand    | <input type="checkbox"/> Fax              | <input type="checkbox"/> Outlook    |
| <input type="checkbox"/> Speedwriting | <input type="checkbox"/> Microsoft Excel  | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Typewriter   | <input type="checkbox"/> Microsoft Access | _____                               |
| <input type="checkbox"/> Calculator   | <input type="checkbox"/> Word             | _____                               |

### **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 any other protected status.

---



---

### **FOREIGN LANGUAGE SKILLS**

State any foreign language skills which you feel may be helpful to us in considering your application.

---



---



---

### **MISCELLANEOUS**

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

---



---



---

#### **NOTE TO APPLICANTS:**

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

Are you capable of performing in a reasonable manner the activities in the job or occupation for which you have applied based on the job posting.

( ) YES ( ) NO

# EMPLOYMENT EXPERIENCE

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

|                      |                |       |
|----------------------|----------------|-------|
| Employer             | Address        | Phone |
| Job Title/Supervisor | Dates Employed |       |
| Work performed:      |                |       |
| Reason for leaving:  |                |       |

|                      |                |       |
|----------------------|----------------|-------|
| Employer             | Address        | Phone |
| Job Title/Supervisor | Dates Employed |       |
| Work performed:      |                |       |
| Reason for leaving:  |                |       |

|                      |                |       |
|----------------------|----------------|-------|
| Employer             | Address        | Phone |
| Job Title/Supervisor | Dates Employed |       |
| Work performed:      |                |       |
| Reason for leaving:  |                |       |

|                      |                |       |
|----------------------|----------------|-------|
| Employer             | Address        | Phone |
| Job Title/Supervisor | Dates Employed |       |
| Work performed:      |                |       |
| Reason for leaving:  |                |       |



# VOLUNTARY SURVEY

Government agencies at all times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

## SUBMISSION OF THIS INFORMATION IS VOLUNTARY

Current Job:

Check one:  MALE  FEMALE

Check one:

American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or Other Pacific Islander  
 Asian  Hispanic or Latino  
 Two or more races

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual

Birth date: