

Application for at-will employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address City	State	Zip Code
Telephone Number(s)	Date of Birth	Social Security Number

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are under 18 years of age, can you provide required proof of your eligibility to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed an application with us before? If Yes, give date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been employed with us before? If Yes, give date _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently employed? |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your present employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently on "layoff" status and subject to recall? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you travel if a job requires it? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (<i>Proof of citizenship or immigration status will be required upon employment.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a crime within the last 7 years? (<i>Conviction will not necessarily disqualify an applicant from employment.</i>) |

If Yes, please explain _____

This application will remain active for 180 days.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate (College)				
Graduate Professional				
Other (Specify)				
Indicate any foreign languages you speak, read, and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
<hr/> <hr/> <hr/>				
Describe any job-related training received in the United States military.				
<hr/> <hr/> <hr/>				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			

	Telephone Number(s)	Hourly Rate/Salary		
		Starting	End	
	Job Title			
	Reason for Leaving			

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

List professional, trade, business, or civic activities and offices held.
 You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

EMERGENCY CONTACT

NAME _____

PHONE _____

RELATIONSHIP _____

ANY MEDICAL CONDITION OR ALLERGIES WE NEED TO KNOW ABOUT?

Additional Information

Other Qualifications
 Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Check Skills/Equipment Operated

Production/Mobile

CRT Fax Machinery (list): _____ Other (list): _____

PC Lotus 1-2-3 _____ _____

<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	<u>PPP</u>	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	<u>PPP</u>	_____	_____

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

References (NOT FAMILY MEMBERS)

1.	_____ () _____
Name	Phone #
Address	
2.	_____ () _____
Name	Phone #
Address	
3.	_____ () _____
Name	Phone #
Address	

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. This is only used for preparing Veterans' Report issued by US Government.

Position applied for _____

RACE(check one)

White-origins in Europe, North Africa, or Middle East

Asian-origins in Far East, SE Asia, India or Pacific Islands

Black-origins in Africa

Hispanic-Mexican, Puerto Rican, Cuban, Central of South America

American Indian-origins in North America, to exclude Alaska

PHYSICAL CONDITION

No Handicap

Physically Handicapped(No facility modification)

Physically Handicapped(Facility modification)

Health Handicapped(Heart attack, diabetic, seizures, etc)

Mentally Handicapped(learning disabled)

SEX

Male

Female

VETERANS/U.S. MILITARY STATUS

Non-Veteran

Veteran- if yes, what era? _____

If yes, was there a disability due to service? _____

ARE YOU PRESENTLY ACTIVE SERVICE PERSONNEL? _____

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ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COMPANY OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Company other than the Chief Executive Officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Authorization to release information

To: _____

Address: _____

As an applicant for a position with: _____

I have been asked to supply information for assessing my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records, to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and firms from any damages that may result from providing such information.

Date: _____

_____ Date

Signature

Date: _____

Witness