

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, age, national origin, mental or physical disability, medical condition, marital status, military service, sexual orientation, or any other bias protected by law.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Telephone () -			

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	If not full time, what hours can you work?
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	Are you willing to work overtime when asked? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)



WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Supervisor
Reason For Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Supervisor
Reason For Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Supervisor
Reason For Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Supervisor
Reason For Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

		Can you perform essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
Languages read, written or spoken fluently other than English.	State names of relatives and friends working for us.	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____